

Faculty of Arts  
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# **NATURAL PARENTING IN CONTEMPORARY RUSSIA:**

**WHEN 'NATURE' MEETS KINSHIP**

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DOCTORAL DISSERTATION

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# ABSTRACT

This monograph is an exploration of how natural parenting, one of the most radical forms of intensive mothering, is conceptualised, localised and circulated in the context of contemporary neo-conservative Russian society. The study investigates what this originally Western model of mothering has come to mean in paternalist Russia, where the official ideological opposition to capitalism and orientation towards gender equality has recently been replaced by a neo-traditionalist ideology. The study explores the assemblage of those elements that enable natural parenting but which, at the same time, obstruct its mass promotion in the discussed context. To address these issues, I explore the actors who are interested in natural parenting and their specificity, namely the extent and character of social, economic and cultural resources, their rationale and its basis, and analyse how they implement and reason natural parenting.

The research is based on empirical data consisting of 51 semi-structured interviews conducted in 2015–2018 with Russian ‘natural’ mothers, residing in St. Petersburg, Moscow and Vologda. Apart from the semi-structured interviews, I conducted an in-depth reading of texts published on Russian Internet websites and in forums devoted to natural parenting. The analysis draws on Gender Studies and new approaches developed in the field of New Kinship and Family Studies, and conceptualises mothering following Marilyn Strathern’s idea of parenting as parents sharing body with their children ‘twice over’. This sharing implies the internalisation of parental knowledge about the world into the children and the actual sharing of the body through everyday routine practices of care. This approach, combined with the examination of macro-level factors such as Russian social policy and institutions related to parenting, reveals what natural parenting is about in the contemporary Russian context both at the personal level of its proponents and at the greater societal level.

The results show that natural parenting ‘offers’ its proponents ‘new’ knowledge on childcare and parenting. According to this knowledge, which is based on post-modern ideas of happiness and therapeutic culture, somatic individualism, and a specific understanding of naturalness, the well-being of a child depends enormously on a tight emotional bond with the mother. The creation and maintenance of this bond requires long-term breastfeeding on demand, co-sleeping, and baby-wearing. These practices imply the mother’s permanent emotional involvement in childcare and physical presence close to the child, duly intensifying maternal physical and emotional care work. The ‘new’ knowledge as well as the intensity of maternal care promoted by natural parenting contradict the conventional form of Russian maternal childcare that has prevailed since the Soviet period, namely extended mothering. Following natural parenting knowledge of childcare, natural mothers distance or

separate their own mothers and other kin from the immediate care of their children as they perceive the approach of elder kin to childcare as being 'wrong' and harmful. In so doing, natural mothers appropriate the care of their children and nuclearise their families. However, under conditions of insufficient state support for families and citizens with children, natural parenting is not that easily available to many Russians, who face the need to combine participation in the labour market with parenting and therefore share the care of their children with various social institutions such as daycares, nannies, and kinfolk. Therefore, the implementation of natural parenting becomes a choice, albeit heavily imposed by the dominant discourse of the ultimacy of the child's well-being, and available only to those who possess a sufficient amount of social and cultural capital or economic resources.

# ABSTRACT

Tutkin väitöskirjassani, miten käsitykset kiintymysvanhemmuudesta muotoutuvat ja leviävät uskonservatiivisessa venäläisessä nyky-yhteiskunnassa. Kiintymysvanhemmuus on yksi äärimmäisistä intensiivisen äitiyden muodoista ja tunnetaan Venäjällä nimellä luonnollinen vanhemmuus. Tarkastelen, miten tämä alun perin länsimainen äitiyden malli käsitetään autoritaarisessa valtiossa, jossa virallinen kapitalisminvastaisuus ja tavoite sukupuolten tasa-arvosta on vastikään korvattu uusvanhoillisella ideologialla. Tutkimuksessani perehdyn niihin tekijöihin, jotka mahdollistavat kiintymysvanhemmuuden harjoittamisen venäläisessä kontekstissa, mutta jotka samaan aikaan vaikeuttavat sen valtavirtaistumista. Lähestyn aiheitani perehtymällä niihin syihin ja lähtökohtiin, joita kiintymysvanhemmuutta toteuttavilla ihmisillä on toiminnalleen sekä niihin sosiaalisiin, taloudellisiin ja kulttuurisiin resursseihin, joita heillä on käytössään. Analysoin, miten ihmiset ymmärtävät kiintymysvanhemmuuden ja toteuttavat sitä.

Tutkimukseni empiirinen aineisto koostuu 51 puolistrukturoidusta haastattelusta. Olen haastatellut venäläisiä kiintymysvanhemmuutta harjoittavia äitejä Pietarissa, Moskovassa ja Vologdassa vuosina 2015–2018. Puolistrukturoitujen haastattelujen lisäksi olen analysoinut venäläisillä kiintymysvanhemmuuteen keskittyvillä internet-sivustoilla ja foorumeilla julkaistuja kirjoituksia. Analyysini ammentaa sukupuolentutkimuksen teorioista sekä sukulaisuuden ja perheen tutkimuksen aloilla käydyistä keskusteluista. Käsitteellistän äitiyttä seuraten Marilyn Strathernin teoriaa, jonka mukaan vanhemmilla on kaksinkertaisesti yhteinen keho lastensa kanssa. Strathernin ajatus yhteisestä kehosta merkitsee sekä vanhemman lapselle siirtämää tietoa maailmasta että varsinaista kehon jakamista jokapäiväisen hoivan käytännöissä. Teoreettinen lähestymistapani yhdessä venäläisen sosiaalipolitiikan ja vanhemmuutta säätelevien instituutioiden analyysin kanssa tuo näkyväksi, mistä kiintymysvanhemmuudessa on kyse nyky-Venäjällä niin sen puolestapuhujille kuin laajemmasta yhteiskunnallisesta perspektiivistä.

Tutkimukseni tulokset osoittavat, että kiintymysvanhemmuus tarjoaa sen harjoittajille uudenlaista lastenhoitoa ja vanhemmuutta koskevaa tietoa, joka pohjautuu postmoderneihin käsityksiin onnellisuudesta, terapiakulttuuriin, somaattiseen individualismiin, sekä tarkoin rajattuun käsitykseen luonnollisuudesta. Tämän uuden tiedon mukaan lapsen hyvinvointi riippuu huomattavasti syvästä tunnesuhteesta äidin kanssa. Tunnesuhteen luominen ja ylläpitäminen edellyttää pitkäaikaista lapsentahtista imettämistä, perhepedissä nukkumista ja lapsen kantamista kantovälineessä. Nämä käytännöt merkitsevät äidin sitoutuneen pysyvästi tunnetasolla lapsen hoitoon ja ruumiilliseen läheisyyteen lapsen kanssa, muokaten äitiyteen

liittyvää fyysistä ja emotionaalista hoivatyötä huomattavasti intensiivisemmäksi. Tämä uusi tieto, kuten myös kiintymysvanhemmuuden edistävä intensiivinen äitiys ovat ristiriidassa perinteisen, Neuvostoliiton ajoista periytyvän venäläisen hoivan käytännön, naispuolisten sukulaisten kanssa jaetun lapsenhoidon, kanssa. Noudattaessaan kiintymysvanhemmuuden tuottamaa tietoa lastenhoidosta ja vanhemmuudesta kiintymysvanhemmuutta toteuttavat äidit etäännyttävät tai erottavat omat äitinsä ja muut sukulaisensa lastensa lähihoidosta, sillä he näkevät vanhempien sukulaisten tuottaman hoivan ”vääränlaisena” tai haitallisena. Tämän seurauksena kiintymysvanhemmuutta toteuttavat äidit ottavat lastenhoidon haltuunsa ja rajaavat perheensä ydinperhemalliin. Valtion riittämätön tuki lapsiperheille tuottaa kuitenkin olosuhteet, joissa kiintymysvanhemmuus ei ole mahdollista niille ihmisille, joiden on pakko yhdistää vanhemmuus palkkatyöhön. Palkkatyössä käyminen pakottaa jakamaan lasten hoivan esimerkiksi päiväkotien, hoitajien ja sukulaisten kanssa. Kiintymysvanhemmuuden harjoittamisesta tulee valinta, joskin valinnan tekemiseen vaikuttaa merkittävästi lapsen hyvinvoinnin ehdottomuutta korostava diskurssi. Samalla kiintymysvanhemmuus on mahdollista vain niille, joilla on riittävä määrä sosiaalista ja kulttuurista pääomaa tai taloudellisia resursseja.

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beyond blood or choice and sometimes work in counterintuitive, unexpected and mysterious ways.

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# 1 INTRODUCTION

Anna, Elena and Tiina are three different women with different backgrounds. They are different in terms of age, education, profession, income, and place of residence. Anna is a 26-year-old artist from St. Petersburg. Elena is a 42-year-old managing director of a big research company from Moscow. Tina is a 35-year-old freelancer from Vologda, a province city in the northeast of Russia. They would seem, at first glance, to have nothing in common apart from the fact that they all practise natural parenting. All three women share the ideology and practices of natural parenting, and self-identify as ‘natural’ mothers. They admit the ultimate importance of a tight emotional bond between mother and child and practise long-term breastfeeding on demand, co-sleeping, and baby-wearing by means of a sling in order to create and sustain this bond.

In Russia, natural parenting is perceived by the wider Russian public as a non-conventional and even marginal form of mothering. For instance, Yandex, the biggest Russian internet search engine equivalent to Google, suggests ‘natural parenting sect’ (*estestvennoe roditelstvo sekta*) when searching for information on natural parenting (*estestvennoe roditelstvo*) in Russian. The separate practices of natural parenting are widely discussed and often criticised in social networks and internet forums. For instance, the ‘natural’ mothers who practise long-term breastfeeding on demand and co-sleeping are often accused of treating children as infants for too long, while the discussed practices are colloquially referred to as ‘BF [breastfeeding] until [the child’s] military conscription’ (*GV do armii*) and ‘co-sleeping till [the child] gets married’ (*sovemestnyj son do svad’by*)<sup>1</sup> (Vnuchka, 2008; ne\_klusha, 2012; Jefox, 2014; viky777, 2014; phifa, 2014).

In my research, I investigate *how natural parenting is conceptualised, localised, and circulated in the context of contemporary Russian society*. In terms of localisation and circulation, I follow Elizabeth Povinelli (2006) and refer to the ways in which the phenomenon emerges in one locale and is transferred, spread, understood, and established in other contexts. I analyse why Russian women with diverse backgrounds implement natural parenting amid the general public’s non-acceptance of this parenting model, and what the mothering model has come to mean for them. To address these issues, I firstly investigate who the Russian proponents of natural parenting are, and the kind of socio-economic and cultural background they have. Secondly, I examine the way in which they implement and reason natural parenting. Finally, I disclose why natural parenting has become neither a conventional

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<sup>1</sup> In Russia, eligibility for military conscription, as well as the right to marry occurs when a person turns 18.

nor a widespread model of mothering in Russia despite the various groups of women who are favourably disposed towards it.

In this introductory section I also provide a general overview of natural parenting, including literature on the subject, its specificities, and historical lines of emergence. I subsequently turn to the academic and feminist conceptualisations and perceptions of this parenting model, after which I describe the contemporary Russian context and introduce my theoretical framework and research methodology. I conclude this section by delineating the structure of my dissertation.

## 1.1 NATURAL PARENTING: AN OVERVIEW

Natural parenting, primarily known in Western countries as ‘attachment parenting’, could be considered one of the most intense forms of intensive mothering. It refers to a significantly bonded style of childcare and entails the creation of a very close attachment between a biological mother<sup>2</sup> and a child through the implementation of such practices as long-term breastfeeding on demand, baby-wearing (in slings – long pieces of fabric wrapped around the parent’s body, or in special rucksack-type baby-carriers), and co-sleeping (Sears et al., 2001; Schön & Silven, 2007: 103; Etelson, 2007; Faircloth, 2013).

As a mothering ideology, natural parenting promotes the following ideas. First, it declares the mother to be the main and most important caregiver, who has an innate, instinctive knowledge and resources for childcare (Schön & Silven, 2007; Bueskens, 2001). Second, within the framework of natural parenting, the mother is supposed ‘to focus relentlessly on her child’s development and growth, supervise every detail of her child’s day and respond to all the child’s needs and to every stage of the child’s emotional and intellectual development’ (Perrier, 2013: 657). In other words, the mother is considered to be a figure constantly orientated towards the physical and psychological well-being of her child. According to the natural parenting ideology, the constant orientation towards the well-being of the child and relentless focus on every aspect of her life are attained by the mother’s availability for her child at any moment, all day long (Sears et al., 2001; Schön & Silven, 2007). ‘Being available for a child’ means both physical and emotional availability. Third, the practices prescribed by natural parenting in order to create and sustain the tight bond between mother and child – long-term breastfeeding on demand, baby-wearing in a sling, and co-sleeping – imply very close physical contact between mother and child: a natural mother is supposed to be not only near to her child, in very close

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<sup>2</sup> Many texts on natural parenting, such as *The attachment parenting book: A commonsense guide to understanding and nurturing your baby* by William and Martha Sears (2001), do not specify whether they are about or for biological mothers only. However, since many of them discuss the period of the mother’s pregnancy and baby birth expectations, it is apparent that they refer to biological mothers.

proximity to her, but to be literally in touch with her whether the child is awake or asleep.

Finally, according to the ideology of natural parenting, this parenting model – like mothering in general – does not require any special expertise, skills or resources for childcare (Bueskens, 2001: 80-81; Schön & Silven, 2007: 103). Within the framework of the natural parenting ideology, the implementation of the natural parenting practices is considered to be available to any biological mother, since these practices are ‘innate’, ‘instinctive’, and widespread in wildlife and among human ancestry or ancient and indigenous people (Bueskens, 2001: 79-80). The biological ‘natural’ mother is seen as having intuitive knowledge about how to care for her baby and all the resources necessary for the successful nurturing of her child (at least nothing but her body is required) (Sears et al., 2001).

Initially, the concept of natural parenting emerged and started to spread in the US and the UK in the latter half of the 20th century. The basis for it was provided by the attachment theory developed by British psychologist John Bowlby (1951, 1969) and American-Canadian developmental psychologist Mary Ainsworth (1967). Drawing on the concept of imprinting originally developed by Konrad Lorenz (1935), partly on psychoanalysis and partly on his own research, Bowlby argued that maternal care and the mother’s emotional involvement in this process played a crucial role in the proper psychological development of a child (Bowlby, 1969: xxvii-xxviii, xxxiii, 24, 161-171, 172-181, 220-223). However, Bowlby studied children in institutionalised settings – in children’s hospitals and orphanages – in British post-World War II society (Bowlby, 1951: 55; Bowlby, 1969: xxvii-xxviii). During World War II, many children in Britain became orphans, homeless or were separated from their parents for long periods of time because of the evacuation (Lee, 2014: 60). Therefore, the relevance of Bowlby’s findings for children outside of institutionalised settings is questionable.

Bowlby actively cooperated with Mary Ainsworth (Bowlby, 1969: xxxiii), who contributed to the development of attachment theory with the ‘Strange Situation’ experiment (Ainsworth & Bell, 1970). Ainsworth and Bell investigated ‘the balance of attachment and exploratory behaviour under conditions of novelty and alarm’ in a laboratory environment, and observed ‘the extent to which the infant could use his mother as a secure base from which he could explore a strange environment, with fear of the strange kept in abeyance by her presence’ (ibid.: 53). The procedure consisted of eight episodes of various interactions between infants (nearly one year old, 56 in total) and strangers in the presence of the mother and in her absence, and the interactions between mother and child. In the course of the experiment, Ainsworth and her colleagues observed and measured the infant’s reactions to a situation.

According to Ainsworth and Bell (1970:52), the Strange Situation experiment elicited the association between the child’s exploratory behaviour and the mother’s absence or presence. The findings were interpreted as proof

that the mother's presence facilitated the exploratory behaviour of infants. The infants were seen as 'us[ing] her as a secure base from which to explore the strange situation' (Ainsworth & Bell, 1970: 61). The absence of the mother diminished the exploratory behaviour of the child, who performed what Ainsworth called 'attachment behaviour'. Attachment behaviour meant that the child sought contact with the mother as an object of attachment.

Ainsworth and her colleagues did not consider the mother's absence for nine minutes at most as having a long-lasting effect on the child's behaviour. However, they found that 'the behaviour of these 1-year-old humans in response to separation lasting only a few minutes bears remarkable resemblance to the behaviour of infant monkeys in response to separation for longer periods' (Ainsworth & Bell, 1970: 61). Ainsworth and colleagues referred to the respective research on monkeys, showing that after the restoration of the mother the infant monkeys stayed close to the mother and explored less. The researchers also stated that their findings corresponded with the results of other studies on infant separation conducted by J. Bowlby and other scholars (*ibid.*). The Strange Situation and Bowlby's research on infant separation laid the foundation for the idea of secure attachment during the early phases of childhood as the basis for a child's trustful relationship with the environment and less separation anxiety (Schon & Silven, 2007: 130, 140).

The concept of imprinting elaborated by Bowlby (1969) and mother-child bonding facilitated further studies of attachment by scholars working in the field of natural science (Faircloth, 2014: 149; Simonardottir, 2016: 105). In particular, the studies by Marshall Klaus and John Kennell were influenced by the ideas of bonding and contributed significantly to the development of attachment theory and attachment parenting (Faircloth, 2014: 149-150; Melnik, Chernyaeva, 2015; Simonardottir, 2016). Klaus and Kennell (1970, 1977; Klaus et al. 1972) inquired how the long-term physical contact between mother and child established immediately after birth influenced their relations and maternal behaviour. Based on these findings, Klaus and Kennell argued that tight and long-lasting bonding between a newborn and her mother sustained right after birth through skin-to-skin contact (holding the naked baby against the naked breast or stomach of the mother) and breastfeeding resulted in more active and emotionally involved childcare by the mother (Klaus et al. 1972, 1995). The results of Klaus and Kennell's research encouraged the transformation of US obstetrics and the system of maternity units, a process also aided by the US feminist movements (Oakley, 1984; Lupton, 1994; Melnik, Chernyaeva, 2015: 56).

Later, notions of attachment were used and developed by an American paediatrician, William Sears, and his wife Martha, a midwife. Sears introduced and promoted the concept of attachment parenting in the 1980s (Faircloth, 2014: 152). This new model of mothering was based on a combination of attachment theory and traditional parenting practices (e.g. carrying the baby in a sling) re-introduced to modern and post-modern societies in 1960–1970s by feminists and anthropologists (*cf.* Jean Liedloff, 1975) (Ainsworth, 1967;

Bueskens, 2001; Faircloth, 2014: 152). The Searses widely popularised attachment parenting in the USA at the turn of the 21st century through publications, websites, TV shows, lectures and public talks (Rippeyoung, 2013). However, they were not the only ones who developed and promoted attachment theory and, consequently, natural parenting. Other actors also contributed to the promotion of natural parenting.

The emergence of natural parenting and its promotion in North America and the UK was facilitated by several factors. First, it was predicated on the state and public perception of a child as ‘an innocent and vulnerable creature’ (originally articulated by Rousseau) in need of a family (Hays 1996; Edelman 2004; Furedi 2008; Lee, 2014) that became increasingly popular after WWII. The idea of a child’s need for a family, as well as the idea of the family as the basic unit that should be safeguarded against disruption, resulted from public comprehension of the World War II experience in general, and the enormous increase in orphanhood it caused in particular (Lee, 2014: 60-62). This idea became an element of the newly emerged concept of well-being, conceptualised as a lasting state or condition necessary for the welfare and prosperity of people (Ben-Arieh et al., 2014: 3). In 1946, the World Health Organisation introduced the well-being concept in its constitution (ibid.: 7). The concept was actively developed and promoted by psychologists, health and cognitive science researchers as well as economists, and was later utilised by states and representatives of business (Illouz, 2007, 2008; Ben-Arieh et al., 2014). The conceptualisation of well-being as a necessary precondition for human efficiency attracted the attention of governments interested in the ‘quality’ of the population, and business representatives interested in profit maximisation and the optimisation of production with fewer expenses (Illouz, 2007, 2008; Ben-Arieh et al., 2014; Seagal, 2017).

State concerns over the newly emerged ideas of well-being and a child’s need for a family, combined with scholarly promotion of attachment theory, resulted in the perception of mothers as primary caregivers who ‘should remain at home with their infant children’ (Bristow, 2014: 118). This underpinned child-centred mothering as normative female parenting, which later developed into attachment parenting. With the women’s movement in the 1960s and 1970s that promoted gender equality in employment, among other things, the concepts of child well-being and attachment were reconsidered. In the latter half of the 20th century, when maternal employment was normalised and the use of daycare for children became less stigmatised, it was assumed that a child has to form an attachment to a daycare worker as well (ibid.).

Second, a contribution to the development and promotion of attachment parenting was made by the proponents of ‘natural birth’ and breastfeeding. The former promoted the idea of vaginal birth free from any kind of medical interventions. By the 1960s, when the feminist campaigns for natural birth promotion started, women’s behaviour during labour in general, as well as their posture and physical position in the space of the medical



institutions and rooms in particular, were regulated by obstetricians (predominantly male), who had steadily assumed control of labour, replacing midwives and women starting from the 17th century (Cahill, 2001). Medical staff also regulated women's behaviour during labour through the use of general anaesthesia (Arney & Neil, 1984). This medical approach was challenged by the midwives and feminists of the 1970s (Arney & Neil, 1984; Belousova, 2012). While the former were engaged in a struggle for power and status within the professional field, the latter were intent upon resisting male dominance over female bodies (Belousova, 2012: 124-125). The feminists of the 1970s promoted the idea of female bodies as being natural, oppressed by violent male intervention (particularly in the process of labour), and in need of emancipation and freedom from male control and interference (ibid.: 125). Although this idea was partly regarded as anti-feminist – essentialising women and binding them to nature, and although it caused many arguments among activists and political communities, many Western feminists saw natural birth as a way of empowering women (ibid.). Their activity, combined with midwives' resistance to doctors' dominance in the field of obstetrics and the scholarly promotion of attachment theory resulted in reforming medical approaches to labour and the treatment of pregnant women (Belousova, 2012; Melnik, Chernyaeva, 2015: 56). Many women were duly able to choose less medicalised labour and they were allowed to stay and bond with their children right after they were born.

The proponents of breastfeeding made another contribution to the development and promotion of natural parenting. One of the most prominent breastfeeding communities has been La Leche League, established in 1956 in the USA (Faircloth, 2013: 59). Started in 1956 as an activist and support group, La Leche League currently has representatives in more than 64 countries and holds an advisory status vis-à-vis the World Health Organisation and United Nations Children's Fund (UNICEF) (Faircloth, 2013: 60). La Leche League trains volunteers to provide consultations for over 200,000 people monthly via face-to-face meetings, or on the telephone or internet. The leaders of La Leche League groups write publications, answer questions, and respond to incoming phone calls (ibid.).

Originally, La Leche League was an association of seven Catholic women who wanted to breastfeed their children and promote nursing among women in the 1950s when breastfeeding rates were at their lowest in the US (less than 20%) (Faircloth, 2013: 59; Jung, 2015: 30). La Leche League members aimed 'to return mothering to mothers and to replace the role of the pediatrician as expert with a supportive community of other mothers' (Jung, 2015: 30). They promoted 'naturalism' as a form of empowerment allowing women to take control over their bodies and families and 'embrace their natural bodily functions, first and foremost by breastfeeding' (ibid.). These ideas complied with the principles of the feminist movements of the 1970s which, as discussed above, resisted the medicalisation of female (bodily) experiences and medical control over female bodies (ibid.: 31). This

unintended compliance of La Leche League with feminist ideas secured the successful growth and development of LLL in the 1960s and 1970s (ibid.). Later, in the 1990s, the activity of La Leche League became congruent with the governmental preoccupation with children's health, stemming from the research on the influence and benefits of breastfeeding (Faircloth, 2013; Jung, 2015). Concerned with public health, governments and international organisations launched various campaigns supporting and promoting breastfeeding. For instance, the international Baby-Friendly Hospital Initiative was established by WHO and UNICEF in 1991 (Tuteur, 2016: 105). The BFHI credential is given to those hospitals worldwide which inform pregnant women about the benefits of breastfeeding, assist the initiation of breastfeeding right after birth, do not provide any food or drinks other than breastmilk to newborns without medical necessity, arrange rooming in – mother and child being together all the time, and give no dummies or artificial nipples to newborns (ibid.).

As can be seen from the above, the emergence and promotion of natural parenting in the USA and the UK became possible as a result of complex actions undertaken by the States, intergovernmental organisations, scholars, researchers, women's associations, and feminists. The temporary concurrence of the interests of these actors (either wholly or partially) centred around reproduction, and its practices fuelled the circulation of distinct natural-parenting ideas. In the meantime, major advocates of natural parenting like the Searses were able to combine all of these discrete trends and ideas, and expand them into a new mothering model.

It is hard to say how successful the Searses and other natural-parenting advocates have been in terms of natural parenting promotion. The existing literature on natural parenting is scarce, and it does not provide an estimate of how popular and widespread this mothering model is within the contemporary US and the UK, as well as in other Western societies. Nor does it reveal the diversity of those who practise natural parenting in the discussed contexts. However, it does provide the feminist perceptions and conceptualisation of natural parenting.

The feminist proponents of natural parenting consider the mothering model in question as emancipating mothers (Less & Erchull, 2012). For them, this model liberates women from patriarchal requirements and demands to be a sexual object. The feminist proponents argue that natural parenting allows mothers to focus on what is important for them – on children and their relations with them (Thanyachareon, 2010). They see the discussed form of maternal care as leaving little room for men's influence and the sexual objectification of women since natural parenting emphasizes the comfort of the mother and child for the most part. In particular, the feminist and academic proponents claim that breastfeeding deconstructs the sexual significance of women's breasts because within the framework of the natural parenting ideology the breast is a source of baby food, made for feeding infants and not a sexual object (Williams et al., 2013; Carter, 2017). They also perceive

natural parenting as deconstructing the meaning of the parental bed as the space ultimately geared to parents and explicitly and implicitly segregating and de-attaching them from their children (Bueskens, 2001: 78). Thus, for the feminist proponents of natural parenting, this model not only de-sexualises female bodies and removes them from the male gaze, but also familial spaces like bedrooms for instance.

In the meantime, other feminist scholars and feminists criticise natural parenting (Bueskens, 2001). They consider this model of mothering as enforcing patriarchy and as being oppressive for women. They condemn natural parenting for committing women (entirely or predominantly) to the private sphere and for 'bracketing them out' of the sphere of wage labour (ibid.). From the point of view of the feminist opponents of natural parenting, close attachment, as the most acceptable form of mothering in the natural parenting discourse, effectively binds mothers to the domestic familial sphere and to caring activities. Therefore it obstructs women in creating the multiple identities available to them from the welfare state through waged work opportunities, state-provided daycare, equality policies, and the democratisation of higher education (ibid.: 83-84). Moreover, natural parenting entails mothers carrying out "(invented) traditional practices<sup>3</sup> in a modern context that is neither structurally nor socially amenable to a feudal way of life" (ibid.: 81). These 'traditional' practices are implemented in the modern context where the traditional systems of integration and social support are missing (ibid.: 82). This leads to the intensification of childcare, which is already significantly time and resource consuming (Liss & Erchull, 2012: 133).

To summarise, natural parenting has become a sophisticated product of the circulation of discourses essentialising the role of women as caregivers, developed and supported by scientists and the wider public, political measures aimed at reproduction, and both women's and the feminist struggle for widening female autonomy in the sphere of reproduction and bodily experiences. Fuelled by post-WWII ideas of child well-being, this model has equated mothering to maternal devotion to a child and the child's needs. Some feminist thinkers have found it potentially empowering in de-sexualising women, while others have viewed it as potentially oppressive for women, confining them to the sphere of reproductive labour. The following section elaborates on the emergence and circulation of natural parenting, as well as its specificity in the Russian context.

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<sup>3</sup> For instance, slings (long pieces of special fabric used for baby-carrying) were originally used by some indigenous peoples in Asia and Africa.

## 1.2 NATURAL PARENTING IN RUSSIA

In Russia, the natural parenting model appeared at the end of the 1990s and at the beginning of the 2000s. It was a distinctively novel form of mothering for Russian society as maternal care for children during the previous Soviet period was not child-centred. Soviet mothering is characterised as extended and socially integrated, as a mother was primarily responsible for childcare but shared or delegated it to other relatives, mainly female kin (grandmothers), and public institutions such as kindergartens (Rotkirch, 2004: 174-175). The specificity of Soviet mothering was stipulated by the state ideology and 'working mother' gender contract. Starting from the 1930s, mothering was viewed by the Soviet ideology as a woman's duty, while the working mother gender contract became the only legitimate one (Aivazova, 2011; Rotkirch, 2004). This gender contract prescribed that Soviet women should combine mothering with participation in waged work (Temkina & Rotkirch, 2002). At the same time, the state assisted women with childcare by granting them maternity leave, and providing free healthcare and public kindergartens for pre-school-aged children (Razhbaeva, 2004). However, despite all the efforts of the state, there was a shortage of places in kindergartens, and the quality of family support services was low (*ibid.*: 174). As a result, extended mothering became a primary form of mothering by the 1960s, at least in the core part of the USSR (Gradskova 2007: 107-113; Rotkirch, 2004). The support provided by other family members, mostly grandmothers, as well as nurseries and kindergartens, became essential for the implementation of the working mother gender contract (Temkina & Rotkirch, 2002). They facilitated a mother's participation in the sphere of production by partly shouldering the burden of routine everyday childcare (Gradskova 2007: 107-113; Semenova & Thompson 2004: 156).

After the collapse of the USSR in 1991, the working mother gender contract was no longer the only legitimate option. The previously 'shadow' 'mother-housewife' gender contract, within which a woman takes care of the family and a man is the breadwinner, acquired legitimacy (Temkina & Rotkirch, 2002: 11-12). At the same time, the ideology of intensive, child-centred mothering became dominant and normative in Russian society starting from the late 1990s (Issoupova, 2014). Many Russian women continued to work but decreased their working hours and workload, with some postponing returning to the labour market until they considered that their children were big enough for maternal care to be reduced (Godovannaya & Temkina, 2017). All of these transformations were accompanied by the opening of state borders and the rapid development of the internet, facilitating the transfer and exchange of information and ideas encouraging the emergence of natural parenting in Russia (Ryvkina, 2001: 34).

The circulation of natural parenting in Russia in the 2000s coincided with the state's turn to the ideology of neo-traditionalism and the establishment of a new paternalist family policy (Chernova, 2010; Chernova,

2017). The Russian authorities took the conservative line, proclaiming heterosexual couples with children living in a registered marriage as a normative family model, and promoting traditional gender roles (Chernova, 2010; Muravyeva, 2014: 629). At the same time, the Russian state vocalised the Soviet-era concern over low birth and high mortality rates and framed it in terms of a 'demographic crisis' and 'national security' (Rivkin-Fish, 2010: 710; Chernova, 2017: 102). In 2000, President Putin identified the demographic situation as a serious threat to 'Russia's survival as a nation, as a people...' (Kulmala et al., 2014: 535).

With a policy aimed at increasing fertility rates, the Russian authorities expanded a range of measures supporting families with children (Chernova, 2017: 98). For instance, the government introduced a maternity capital programme in 2006. According to this programme, starting from 1 January 2007 until 31 December 2021, after the birth or adoption of a second (or subsequent) child, the mother (or the father, if the only adoptive parent of a second or subsequent child) receives a certificate for a substantial amount of money, amounting to 250,000 roubles (approximately 7,142 euros) in 2007, and 453,026 roubles (approximately 6,340 euros) in 2019 (Chto nuzhno znat', n.d.; Federal Law N 256-FZ, 2006). This money could be used for one or several of the following purposes: improving living conditions; the children's education; investing in the mother's pension; the purchase of goods and services intended for the social adaptation and integration of disabled children; and receiving monthly payments for families with children (the amount is the subsistence level for a child, defined by the particular constituent entity of the Russian Federation) (Federal Law N 256-FZ, 2006). Apart from establishing the maternity capital programme, the state increased birth grants and child benefits, parental leave payments, and state subsidies for daycare (Kulmala et al., 2014: 535-536). At the end of 2005, the state also launched the 'Housing' Priority Project targeting young families with children and aimed at helping these families to buy their own apartment (ibid.). These programmes and measures formed part of the Russian statist policies aimed at investing in people (Kulmala et al., 2014: 527; Muravyeva, 2018: 21).

Over the course of time, the conceptualisation of 'demographic crisis' has changed. During the 2010s, the previous rhetoric of national security and a threat to the nation was replaced by the motive of 'securing the child's well-being' (Chernova, 2011: 46). However, the neo-conservative rhetoric remained and the ideology of New Familialism strengthened (Muravyeva, 2014). The idea of the family as an official heterosexual marital union including children started to be actively promoted by Russian politicians (Muravyeva, 2018: 20). Meanwhile, 'the protection of the family [became] an important issue for the government, both in connection with demography and fears over changes in the value system, which the family has been considered responsible for upholding' (Muravyeva, 2018: 25). This protection took the form of amendments to the Family Code, the inclusion of certain measures in various legal documents, and new laws (ibid.). One such amendment appeared in 2013

and was connected to the federal ban on the propaganda of 'non-traditional sexual relationships' (Muravyeva, 2014: 634-635). This amendment explicitly prevented adoption by same-sex couples married in countries that recognised same-sex marriage, and thus facilitated modelling the adoptive family after the family ideal, namely a heterosexual union (*ibid.*). The Federal Law N 323-FZ targeting access to abortion could be considered another example of the discussed protective measures as '[t]he Russian government has consistently blamed the decline in fertility rates on abortion' (Murvayeva, 2018: 22). According to this law, abortion is permitted up to twelve weeks of pregnancy; however, the procedure should be performed after a 48-hour cooling-off period for pregnancy at the fourth–seventh week and eleventh–twelfth week, and after a seven-day cooling-off period for pregnancy at the eighth–tenth week (Federal Law N 323-FZ, 2011).

Besides the intensification of neo-conservatism and New Familialism, neoliberal welfare policies were added to Russian statism in the 2010s (Kulmala et al., 2014: 539). For instance, legislation enabling 'the state to outsource its social obligations to Russian socially oriented NGOs' was enacted (*ibid.*). Other examples include the deinstitutionalisation of the foster care system in Russia aimed at moving children from large state-based foster care institutions into foster families, and the involvement of business in various social programmes (*ibid.*: 537-539). In particular, the state, in its willingness to strengthen the economic independence of families and solve the problem of labour shortages<sup>4</sup> by involving mothers in the sphere of the labour market, encouraged employers to create and sustain a working environment friendly to families with children. Employers were advised if not expected to support and provide their employees with the options of part-time, full-time and distance employment (Chernova, 2017: 99-101). However, the state encouragement did not imply any tax or other benefits for employers, and hence only big corporations could provide a considerable amount of such support for their personnel (*ibid.*: 103-103). The discussed neoliberal welfare policies were stipulated by the state with a view to rearranging the social responsibilities and withdrawing from some of its social obligations (Kulmala et al., 2014: 539-540; Chernova, 2017: 100-101). The state sought to cut the costs of social services, and so it redistributed the responsibilities for family welfare between itself and other actors (Chernova, 2017: 100-101; Muravyeva, 2018).

The constellation of neoliberal and statist welfare policies combined with the promotion of the heteronormative family (values) indicate the hybrid character of the Russian social policy (Muravyeva, 2014: 636; Chernova, 2017: 102). On the one hand, the Russian state perpetuates the Soviet principles of

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<sup>4</sup> Demographic and economic research reveals a steady decrease in highly qualified workers which, according to forecasts, will peak by 2025, exacerbating the existing shortage of skilled labour (Karavay, 2018; Korovkin, 2018). Researchers mention the population decline and the deterioration in education as being among the causes (Karavay, 2018: 61; Korovkin, 2018:2).

family support: it is focused on women with/and children, providing them with extensive maternity leave and a range of child benefits (Chernova, 2017: 97, 102; Muravyeva, 2018). On the other hand, the major policies comprise the period 'from conception to infancy' (Chernova, 2010). In other words, they are provided for pregnant women and women with infants. In the meantime, the state support for women with children of pre-school age and older is insufficient: the childcare allowance does not cover the real family expenses for children, while the extent and quality of social services for families with children does not meet the needs of the citizens (Chernova, 2010; Chernova, 2012; Kulmala et al., 2014; Borozdina et al. 2016: 61). For instance, there is a shortage of public nurseries and kindergartens (Chernova, 2010a; Borozdina et al. 2016: 61). Moreover, the provision of many welfare services, such as summer camps for children, apartments, and medical treatment in specialised medical institutions is delegated to business. In this respect, the Russian state tries to 'reproduce' the Soviet model by continuing to make employers responsible for the social security of citizens (Chernova, 2017). However, in contrast to the Soviet times, the majority of contemporary Russian employers are not state-funded but private businesses. Since the pursuit of support for employees does not imply any economic stimuli for employers, only big business enterprises are able to provide such support. In other words, the hybrid character of Russian social policy is due to a combination of Soviet-like state rhetoric about the care of women with children and the idea of individual responsibility for personal and child welfare, which is, in turn, dependent on employment and personal success and therefore complies with the liberal type of social policy (Chernova, 2017: 102-103).

Despite the fact that state and public discourse on family, childcare, and gender in Russia is characterised by the dominance of neo-conservatism and New Familialism ideology, the everyday life of Russians indicates the presence of some liberal trends, particularly the liberalisation of family and parenting. Research reveals a multiplicity of existing family forms and parenting models, as well as an increase in divorce rates and the number of births out of wedlock in Russia (Avdeyeva, 2013; Gurko, 2003: 65-66; Pankratova, 2006; Chernova, Shpakovskaya, 2010; Zhabenko, 2014; Sorainen et al., 2017). At the same time, the proportion of women among the employed population is still high at almost 50% (Federal State Statistics Service, 2018, Table 2). The high rates of women's employment are due to the need in many Russian families for more than one income since average salaries in Russia are decidedly low (Savinskaya, 2013). The rather modern attitude of Russians towards various family and gender issues revealed in the family values research is also noteworthy (Muravyeva, 2014: 628). Russians tolerate both married and unmarried family unions (except same-sex couples) and women's employment outside the home; they also consider abortion, divorce, and sex before marriage as justifiable in certain circumstances, while they regard violence within the family (spousal, against children and other people) as never justifiable (ibid.).

The existence of liberal trends under conditions of hybrid social policy and the strengthening of neoconservative state discourse on gender and family give rise to the question of natural parenting localisation within the Russian context. While the contemporary Russian context and its influence on parenting as well as Russian mothering in general are well studied by both Russian and international scholars (Shpakosvskaya & Chernova, 2013; Zhabenko, 2014; Chernova & Shpakosvskaya, 2016; Godovannaya & Temkina, 2017; Utrata, 2017), the phenomenon of Russian natural parenting remains unstudied. Natural parenting seems to fit perfectly into the political setting of contemporary Russia. Natural parenting declares the biological mother to be the main caregiver for a child, and largely responsible for the child's well-being. Its major practices – baby-wearing, co-sleeping and especially long-term breastfeeding on demand – make delegating childcare to kin or to care institutions such as nurseries and kindergartens problematic. Similarly to the recent Russian state rhetoric, natural parenting revolves around concern for the child's well-being and welfare. On the other hand, conducting such an intensive form of childcare under conditions of insufficient state support for families and citizens with children who also belong to a low-income category is rather problematic. However, the fact that this mothering model exists in contemporary Russian society shows that the implementation of natural parenting is possible and available to some mothers.

### **1.3 STUDYING NATURAL PARENTING: METHODOLOGY**

Who are the Russian mothers implementing natural parenting? How and why do they implement natural parenting against the contradictory Russian background? What do they actually do within the framework of natural parenting implementation, and what do practices prescribed by this mothering model come to mean for 'natural' mothers? What kind of changes, if any, does natural parenting implementation bring about for 'natural' mothers and their families? In this section, I introduce and discuss the theoretical and methodological approaches I draw on in order to answer these questions as well as the empirical data of my research.

Being a form of mothering, the subject of my research – natural parenting – is a highly gendered phenomenon tightly connected to the politics of gender, family, sexuality, and kinship. It requires a thorough analysis of public and private perceptions of gender roles, the state's social and family policies (which are always gendered), and the official, conventional and marginal gender contracts operationalised as the set of rules, rights and obligations ascribed to genders in terms of labour division in the spheres of production and reproduction, as well as their socio-historical transformations (Temkina & Rotkirch, 2002). To this end, I locate my study in the field of Gender Studies. I also draw on the new family and kinship studies (Smart 2007; Strathern 2005) and queer theories (Edelman, 2004; Roseneil, 2004;



Ahmed, 2010, 2013). The approaches provided by queer theorising encourage my critical position in regard to the subject analysis and its conceptualisation, helping me to keep in mind the operations of the (hetero)normative familialist bias.

Following gender and family research on parenting, I conceptualise mothering as a set of socially constituted practices and ideas ascribed to female parenting (Glenn et al., 1994; Hays, 1996; Faircloth, 2013). The construction of these practices takes place within a complex social context, consisting of diverse discursive formations and social institutions, such as the state, medicine, and law. These institutions are both regulating and regulated by social conventions on gender, the gender system of a society understood as a set of variegated gender contracts, and kinship as a specific form of relatedness structuring the social order (Carsten, 2004; Sahlin, 2013). Based on contemporary anthropological and gender studies of kinship and family, I consider kinship not as something pre-given, consistent, or (entirely or essentially) grounded in biology, but as a social construct which could be re-assembled, re-actuated or transformed in various situations (Carsten, 2004; Strathern, 2005; Sahlin, 2013). While genealogy does not always entail the maintenance of interpersonal contacts between kin, the absence of genealogy does not necessarily imply the non-appearance of interpersonal kinship-like ties (Weston, 1997; Strathern, 2005: 16-17; Sahlin, 2013). The variety of kinship forms and assemblages encourages the conceptualisation of kinship as a mutuality of being which involves practices, knowledge, memories, and experience (Carsten, 2004; Sahlin, 2013).

I draw on Marilyn Strathern's (2005) approach to kinship and relatedness. Strathern argues that in the case of parents and their children, the mutuality of being is exceptional since parents 'share body with the child twice over' (Strathern, 2005, 5):

*First is the body of genetic inheritance, a given, a matter regarded colloquially as being of common blood or common substance. Second is the body that is a sign of the parent's devotion – or neglect – and in this middle class milieu it is above all through the application of knowledge that the parent's efforts make this body.*

The first way in which parents share a body with their children requires some matter or substance (either biological – genes, flesh or blood, or transferred – food), while the second refers to sharing a social body and knowledge. In more specific terms, it is about knowledge internalisation in the bodies and its transformative force. For a mother, her child is 'not only an extension of herself but also an extension of the world' (Strathern, 2005: 6). A mother applies particular concepts and categories to a child and her parenting, which help her to incorporate her child into the outer world (ibid.). The application of this knowledge provides both the transformation of a child and her body,

and the flow of this knowledge from mother to child. While Strathern specifies the importance of knowledge internalisation for middle-class people, I broaden her argument. Based on the research on working-class and non-conventional mothering (Hays, 1996; Hicks, 2005; Elliot, Powell, Brenton, 2015), I argue that knowledge internalisation is relevant for non-middle-class and marginalised middle-class mothers too.

Strathern's conceptualisation of parenting as parents sharing body with their children 'twice over' provides a productive analytical tool enhancing and enriching gender studies on parenting. It widens and deepens what I call the 'top-down' approach to kinship and parenting. The 'top-down' approach implies an analysis of parenting predominantly as a contextually specific social institution framed mostly by macro-level factors such as societal structure, state policies, and global processes (Rich, 1995; Hobson, 2009; Eräranta, 2011). It hinders analytical understanding of how familial and personal relations are built up, activated, maintained, and ended at the level of everyday life (Smart, 2007). It also fails to shed light on whether people's actual relations differ from those imposed or promoted by law, culture, and discourse. Meanwhile, parenting implies 'doing' (West & Zimmerman, 1987), that is the constant daily performance of multiple everyday routine practices of childcare. An analysis of parenting requires disclosure of how this particular form of relatedness is designed, created, and sustained in everyday life. I argue that the application of the body sharing concept to the analysis of parenting advances this disclosure.

The idea of parents sharing a body of knowledge with their children facilitates the analysis of why parents care for their children in a particular way. The performance of a particular parenting style depends not only on structural conditions, the resources available to parents, and the time and context of specific discourses, but also on the more general and more specific worldviews of people (Strathern, 2005: 4-5; Faircloth, 2013; Simonardottir, 2016). This knowledge might be linked in different ways to the dominant discourses: it might comply with them, resist them, or have no touchpoint (Foucault, 1972). Yet it could have a significant, albeit indirect impact on parenting performance. Hence the focus on the knowledge shared by parents with their children makes visible the otherwise obscure reasonings and prerequisites of the particular parenting practices.

I explore natural mothers' knowledge by drawing on Mary Douglas's (2001) work on purity and pollution rules and Michael Foucault's (1972) approach to knowledge. Following the critical perspective, I conceptualise knowledge as a set of beliefs and perceptions of particular phenomena, which are socially constructed, time and space specific, vary among various social groups and communities, and depend on numerous factors such as access to information production and promotion, one's general position within the social system, and (non-)compliance with the established social order (Foucault, 1972). I turn to Douglas's work in order to analyse the basic structuring concepts of natural parenting while I use the Foucauldian

approach to knowledge to deepen my analysis of how these basic concepts are constructed, developed, and grounded in natural parenting knowledge.

In her analysis of why and how some societies follow the specific rules of purity and pollution, Mary Douglas considers these rules as one of the basic mechanisms structuring social order, while ideas about purity and dirt are considered as a part of cosmology (Douglas, 2001: 3). Douglas does not provide a detailed operationalisation of cosmology in her work but refers to it as one of the structures mediating people's experience (ibid.: 129). Douglas regards cosmology as a specific set of views, beliefs, and ideas about the world and its organisation, and therefore as some kind of knowledge about the world (ibid.: 90-94). Cosmology both 'explains' or 'describes' the world and, in so doing, structures it at the same time (ibid.: 36, 90, 92). These functions of cosmology arguably allow the concept to be compared to the Foucauldian concept of discursive formation, an approach adopted by Foucault in investigating how large bodies of knowledge such as economics or medicine are constructed and developed (Foucault, 1972: 107). He defined discursive formations as groups of statements, which imply the definition of a general set of rules that govern the object of these statements, the system of their referentials, the status of these statements, and the way in which they are institutionalised, received, (re)used, and combined (ibid.: 115).

Natural parenting provides a specific set of ideas and beliefs or statements about the world in general and parenting in particular, which are specifically chosen, articulated and combined. Consequently, this set of ideas and beliefs could be attained both as a cosmology (or an element of it) or as a discursive formation. The foundational axis of this cosmology or discursive formation structuring the reality for natural parenting followers is the dichotomy of natural and artificial, which could be compared to the dichotomy of pure and dirty. I find the use of the cosmology concept in regard to natural parenting challenging, as Douglas applied the term 'cosmology' to macro-systems of worldviews specific to peoples or ethnic groups (Douglas, 2001). Therefore, within the framework of my analysis I operate with categories of worldviews, beliefs, and perceptions in regard to natural parenting knowledge but do not address this as cosmology. I regard natural parenting knowledge as a part of the major cosmology specific to my interviewees, the elements of which could be revealed via analysis of the particular statements.

I approach the practices of natural parenting as a form of parental care for children. Drawing on feminist and queer studies of care (Daly, 2002; Held, 2006; Lynch & Lyons, 2009; Lynch & Walsh, 2009; Roseneil, 2004; Roseneil & Budgeon, 2004), I conceptualise care as a set of physical, emotional and cognitive acts performed by the caregiver within the framework of her relations with the cared-for. This approach allows one to grasp what 'natural' mothers actually do while implementing the mothering model under study. It facilitates disclosure of the kind of emotional, cognitive, and physical work 'natural' mothers perform when they are 'doing' natural parenting. Additionally, this approach enables analysis of how natural parenting

proponents share body with their children. In one way or another, the work performance engages the body of a performer. Consequently, care conceptualised as a set of various types of work does the same (Hochschild, 1983). Since care implies a relationship between caregiver and cared-for (Hochschild, 2003: 214; Lynch & Walsh, 2009: 44-45), their bodies interact and one of the forms of this interaction is arguably sharing.

The analysis of natural parenting as a specific way of 'doing' parent-child relatedness, which entails knowledge internalisation and sharing bodies, combined with the examination of the macro-level factors such as Russian social policy and institutions related to parenting, allows the research goals to be met and reveals how natural parenting is localised in contemporary Russia. In conjunction with the historical, sociological, and critical queer and gender studies approaches, it discloses what natural parenting is about in the contemporary Russian context both at the personal level of its proponents and at the greater societal level.

Grounded in the discussed studies and approaches, my research is empirically based. The empirical data consist of 51 semi-structured interviews with Russian 'natural' mothers residing in St. Petersburg, Moscow and Vologda. Among these interviews, 17 were conducted in St. Petersburg in November 2015; 17 in Moscow in April 2016; and 16 in Vologda in April 2018. My choice of research of the local sites was guided by my intention to obtain a profound and thorough picture of the diverse reality and specifics of the contexts in metropolitan and provincial areas of Russia. The chosen cities represent the diversity of the living standards, urban infrastructure, income and lifestyles existing in contemporary Russia. Moscow is a capital city characterised by a high cost of living and high average salary. St. Petersburg is the second largest city where the cost of living as well as the average salary are considerably high, but lower than in Moscow. St. Petersburg is located rather far from the capital at approximately 800 km, but its geographical proximity to Europe together with its socio-economic characteristics make it open to new trends and ideas, which spread rapidly among the middle class. Vologda is a city with a low average salary, living cost and population (300,000 people), located in North-West Russia, 500 km from Moscow. The data collected in these three local sites were contrasted and compared, duly revealing the commonalities and discrepancies related to natural parenting implementation under different socio-economic and cultural conditions.

The main criteria for the recruitment of interviewees were their self-identification as a natural parenting follower, utilising at least two of the three key practices of natural parenting, namely long-term breastfeeding on demand, co-sleeping with the child, and baby-wearing, and providing care for at least one child of pre-school age at the time of the interview. The choice of the child's age limit was determined on the basis of the preliminary analysis of internet forums, blogs, and websites devoted to natural parenting, which revealed that the implementation of key natural parenting practices is usually completed by the time children start elementary school. In Russia, elementary

school starts at the age of six-and-a-half or seven years and, in contrast to attendance at public pre-school facilities (i.e. nurseries and kindergartens), it is compulsory.

My choice of interviewees was not limited by their age, race, class, marital status, or sexuality. However, at the time of the interviews all of my interviewees except one were in heterosexual couple relations (either registered or not) and resided together with their partners. None of the natural mothers I talked to was in a same-sex relationship or mentioned any same-sex relationships. Therefore, the relevance of my research findings is limited as my study discusses natural parenting implementation in the heterosexual family constellation. The age of my interviewees varied from 26 to 42, while the average age was 35. All of the interviewees had completed higher education apart from two women who had incomplete higher education. None of my interviewees were blue-collar workers. Apart from three participants, the family income of the interviewees was slightly higher than average in the region of their residence. These characteristics arguably allowed them to be regarded as middle-class Russians. However, researchers highlight that defining middle-class in Russia is problematic because of its specific socio-political context (Remington, 2011). The major approaches to the definition of middle-class usually imply the assessment of income level, occupational and educational status, and self-identification (ibid.: 98-99). Previous studies and surveys of the Russian middle-class show the contradictions between the self-identification of Russian citizens, and other characteristics specific to them. While approximately 80 percent of the Russian population consider themselves to be middle-class, 'only 29 percent can be classified as middle class by education and occupation and 23 percent by quality of housing, and only 9 percent if all three criteria are applied simultaneously' (ibid.: 99). Hence, in my analysis I try to avoid classifying or labelling my interviewees as representatives of any class. Instead, I focus on the particular types of resources available to them in order to grasp and describe their socio-economic position within Russian society.

For the purposes of recruiting interviewees, I published and distributed an announcement about my research in social media, namely on my personal account page in Facebook and VKontakte (the Russian equivalent of Facebook). This was republished on the personal account pages of friends and colleagues willing to assist my research. However, in St. Petersburg the recruitment was mainly conducted using snowball method via my social networks. In Moscow, this was carried out primarily via the thematic parental and non-thematic women's internet forums. In Vologda, the recruitment was conducted via the social network of a friend, who is originally from Vologda but who currently resides in St. Petersburg, and via thematic parental groups in VKontakte. I found some local Vologda mothers' groups, contacted their moderators and asked permission to post an announcement concerning my research. Two of them granted me permission. My announcements were subsequently re-posted in some other groups (including feminist groups) and

on some other personal VKontakte pages. The moderator of one of the Vologda groups devoted to slings became interested in my research and offered to help. She became my gatekeeper and duly helped me to recruit 11 interviewees. She also participated in my research herself. As a gatekeeper, she provided me with much insider information on Vologda natural mothers, explained the geography of the city, and kindly offered to help me look for accommodation and leisure time activities for myself and my daughter.

I also made an attempt to recruit potential interviewees via *Lyalechka*, one of the oldest Russian-speaking communities in Livejournal, the blogging platform, which was established on 15 March 2003 and dedicated to breastfeeding. In this community, mothers share information and advice on lactation and breastfeeding. Any member of the community was able to ask any question related to breastfeeding and would receive multiple answers from women. At the time of the study in 2015-2018, *Lyalechka* had more than 2,500 subscribers. It is hard to pinpoint the exact number of members since according to the Russian law on the internet and mass media (Federal Law N 97-FZ, 2014), all web resources with more than 3,000 subscribers are regarded as mass media and must therefore follow the law on mass media and bear full responsibility for their texts like any other official mass media. In order to avoid being treated thus, many bloggers and communities, especially in Livejournal, conceal the exact number of their subscribers and simply put '2500+'.

I sent a message to the *Lyalechka* moderators asking for permission to post an entry about my research and to recruit interviewees. The moderators rejected my request, replying:

*Nowadays we strongly safeguard Lyalechka as a safe space for women, and hence we do not give advertisers, professional counsellors, and researchers access to it. This is a community of mothers for mothers. We hope you can appreciate our decision.*

In light of the moderators' refusal, I do not analyse the posts and comments published in *Lyalechka* in private mode. When it comes to this private mode, it is important to point out that Livejournal provides its users with the following options for posting: so-called open posts, closed posts, and private posts. The 'closed' posts are only visible to members of a community if such a post is made in a community, or for users assigned as friends of the author of the 'closed' post if such a post is made in a personal account. The 'open' posts made both in a community or a personal account are visible to everyone including unregistered Livejournal users. The private posts are visible only to their authors. Even though the 'closed' posts in *Lyalechka* are visible to more than 2,500 members of this community and could therefore be considered publicly available data, I regard them as private information.

Nevertheless, I quote and analyse one public post from Lyalechka, the author of which granted me permission to do so.

With the consent of my interviewees, I made a voice recording of all of the interviews but one due to a flat battery in the voice recorder. However, I kept detailed notes including quotations during this interview. All of the interviews were conducted in Russian; the recorded interviews were later transcribed but were not translated into English. As discussed with the interviewees, the data were anonymised and all of the names and personal details were changed in order to safeguard the confidentiality of the interviewees'. To this end, all names mentioned in the study are pseudonyms.

The transcribed interviews were read at least three times and coded. The coding was conducted in three stages. During the first stage, thematic coding was performed with the use of codes elaborated during the interview guide development process. Memos — short notes on emerging analytical ideas and concepts — were also written (Auerbach & Silverstein, 2003: 48-53, 65, 107; Corbin & Strauss, 2008: 178). During the second stage, the open coding was conducted: the data were read for the second time and those codes unregistered before the data collection process were applied in order to grasp the grounded concepts, themes, and categories in the data (Sarker et al. 2000:: 2; Corbin & Strauss, 2008: 167). Axial coding was then conducted during the third stage. This means that the codes and coded pieces of data were in Corbin and Strauss's (2008: 201-202) terms 'crosscut' and 'related to each other' in various ways in order to reveal the broader level concepts to which these codes and pieces were related. Further analysis was conducted on the basis of the coding results.

Apart from the semi-structured interview method, textual analysis (Kuckartz, 2014) was also conducted within the framework of the research. I analysed texts published on Russian internet websites and in forums devoted to natural parenting. I based the text choice on their themes, in the sense that they either dealt with natural parenting or natural parenting practices such as (long-term) breastfeeding, co-sleeping and baby-wearing. The criteria for the choice of internet forum were popularity and frequency of posting by participants. I selected forums with no less than 2,500 participants, where at least two new posts were published weekly. On the basis of these criteria, the following internet resources were chosen: *soznatelno.ru* (Сознательно.ру), LLL – La Leche League, and two communities in Livejournal. Within the framework of textual analysis, I conducted an in-depth reading of texts and the relevant topics, ideas and concepts emerging from and represented in these texts (Kuckartz, 2014: 2-6). I also analysed the way in which these topics, ideas and concepts were raised, framed and articulated by examining the wording of statements and the structure of arguments for instance (*ibid.*: 2). The textual analysis findings were used within the process of interview guide development and data analysis.

## 1.4 PRESENTATION OF RESEARCH FINDINGS AND TEXT STRUCTURE

As discussed above, my research is inspired by scholars working in the field of new family and kinship studies, especially Marilyn Strathern (2005, 2011) and Janet Carsten (2004). The inspiration I derived from their works is not limited to the theoretical and methodological approaches I draw on, but also relates to the presentation of the analysis and research findings. Working with large-scale phenomena such as kinship, Strathern (2005) and Carsten (2004) cover the subject from multiple perspectives in their monographs, while presenting these perspectives in separate chapters. This facilitates accessing and reading their work in two ways: it is possible to read their monographs either as a whole or as a set of research-based essays. In the latter case, the order in which the essays might be read could be arbitrary as each chapter or essay is a self-contained text highlighting a particular sub-theme. Yet taken together these self-contained texts provide a detailed comprehensive picture of the subject under study.

Encouraged by Strathern's and Carsten's writing, I chose to abandon the normative dissertation structure. In particular, I do not provide a separate chapter with a detailed discussion of the context of my subject although I do provide a discussion on the general context in the Introduction. Instead, each of my empirically based chapters contains a detailed context description focused on the particular issues. Moreover, each of these chapters deals with a particular sub-theme of my research. In other words, each chapter uncovers and explains one distinct dimension of natural parenting and includes the context analysis and theoretical tools necessary for investigating this dimension. Therefore, the chapters could be read separately and/or in any order. However, when read as a whole, they provide the answer to my main research question – *how natural parenting is conceptualised, localised, and circulated in the context of contemporary Russian society* – as well as a profound understanding of the phenomenon of Russian natural parenting.

The chapter titled *Knowledge* is devoted to an analysis of natural parenting knowledge. Drawing on the theoretical approaches of Douglas and Foucault discussed earlier, I investigate what nature and natural entail for followers of the parenting model, and why it is such a desirable option for the 'natural' mothers I talked to. I look into the basic structural ideas of natural parenting and such primary worldview categories of this parenting model as 'natural' and 'artificial'. By analysing natural mothers' understanding of natural and naturalness, I reveal their perception of Nature as a wise creating non-anthropomorphic force. In their understanding, the creations of this force are perfect, available to everyone, but fragile in that they could easily be damaged by human interference. For natural parenting followers, the fragility of naturalness requires cautious and careful treatment, which implies specific skills and expertise. Yet the necessity to develop special skills and expertise in order to support and maintain naturalness signifies the limits of the



availability of nature and naturalness. By investigating the ways in which the ‘natural’ mothers I talked to developed their awareness or knowledge of natural, acquired the skills of being natural, and performed or did not perform naturalness, I was able to discover how naturalness depends on the resources available to them.

In the chapter on *Care*, I examine what the ‘natural’ mothers I interviewed do within the framework of natural parenting implementation, and why. As a distinct model of mothering, natural parenting promotes a specific form of maternal care for children. Drawing on feminist and queer research on care (Held, 2006; Lynch & Walsh, 2009; Roseneil, 2004; Roseneil & Budgeon, 2004), I approach the subject as a set of physical, mental, and emotional work given and received by a caregiver and a caretaker. I analyse how natural mothers care for their children and how they reason their way of caring for children. I trace how their choices and care practices are influenced by the recently emerged therapeutic culture in Russia and the emotional habitus of ‘natural’ mothers (Illouz, 2007, 2008; Lerner, 2015). This therapeutic culture implies thinking and talking about emotions, actions, and relations in terms of psychological assumptions, although in Russia it does not rely on conventional psychological knowledge (Lerner, 2015). Within the framework of Russian therapeutic culture, people develop their emotional competence, but do not address the approaches offered by psychology (ibid.). In the meantime, the therapeutic or emotional habitus (pre-)defines the way in which emotions are expressed bodily and verbally, and structures the social interactions (Illouz, 2008: 214). I show how the care provided by the ‘natural’ mothers I interviewed – the whole range of physical, mental, and emotional work they carry out – results from their interpretation of the emotional and psychological health or welfare of the child. This natural parenting interpretation of a child’s emotional welfare counterposes the investigated parenting model to extended mothering and facilitates the distancing from the elder kin discussed in the chapter on *Kinship*. However, the care performed by the ‘natural’ mothers I talked to is oriented not only towards their children but also towards themselves. In implementing natural parenting, many women I interviewed treat their own inner Child. At the same time, they facilitate and ease the everyday routine care for children under the conditions of the father’s under-involvement and the lack of hands-on support from another actor.

In the chapter titled *Kinship: blood and bond* I turn to an analysis of how natural parenting implementation challenges conventional Russian kinship patterns and practices. Following the new family and kinship studies, I conceptualise kinship as a specific form of relatedness which entails practices, knowledge, memories, and experience (Carsten, 2004; Sahlins, 2013). Inspired by Strathern’s study of kinship (2005), I firstly investigate the conceptual dimension of Russian kinship by looking at Russian legislation. More specifically, I examine those who are defined as relatives and what rights and obligations they are assigned within the framework of Russian law. I then turn to an analysis of conventional kinship arrangements represented at the

level of everyday life. I probe the phenomenon of extended mothering and the prerequisites for its prevalence in Russian society. Further, I discuss how natural parenting does not contradict the conceptual framework of kinship provided by Russian legislation, but challenges and transgresses extended mothering as the normative practical form of female parenting in Russia. I show how this transgression results from the conflict between the knowledge provided by the discussed mothering models and the specificity of parental sharing of bodies with children promoted by natural parenting. I disclose how long-term breastfeeding initiates and leads to the distancing of mother and child not only from the elder kin but also from the child's father. I also expose how this distancing and transgression of conventional kinship arrangements in general becomes possible because of the resourceful position of the 'natural' mothers that I interviewed.

In the *Conclusion* I summarise my research findings. I explain the controversial position of natural parenting within contemporary Russian society, showing how it is brought about by the resource distribution among the Russian population, social policy, Russian social and gender order, and dominant discourses. I reflect on the outcome of natural parenting implementation for its proponents which, according to my findings, is the prevention of extended mothering, and 'natural' mothers' appropriation of children and care of them. Finally, I discuss this appropriation of childcare by 'natural' mothers.

## 2 KNOWLEDGE

In this chapter, I analyse the basic concepts of natural parenting cosmology such as ‘nature’, ‘natural’, and ‘artificial’, drawing on Mary Douglas’s (2001) research on cosmologies and the concepts of purity and pollution, with the aim of disclosing the primary ideas of the parenting model under study. I investigate what ‘natural’ entails in and for natural parenting, and how naturalness is perceived, interpreted, and constructed. I go on to explore why ‘natural’ and ‘naturalness’ are so sought after by natural mothers. Finally, I examine when and why the proponents of natural parenting choose options they regard as artificial or natural, and when and for what reason they can or cannot achieve ‘naturalness’.

The analysis of the basic ideas and concepts of natural parenting exposes the rationale of natural mothers’ desired and actual choices, some of which might be limited or challenged by contemporary Russian structural conditions. The way mothers parent depends on general structural conditions and the resources available to them. The existing research reveals that mothers’ choices of particular childrearing practices depend on public perceptions of the mother’s role, the state support for mothering available to women and their families (such as maternity leave, child care allowance, public and private daycare centres for children), and on the financial and time resources and family support (Hays, 1996; Liamputtong & Kitisriworapan, 2011; Huang & Yang, 2015, Elliot et al. 2015). While the said factors do frame maternal care for children, there is yet another factor influencing mothering, namely maternal knowledge. Mothers’ choices are also affected by their knowledge of the particular issues and the world in general (Strathern, 2005: 5; Valencia, 2015). Aiming to incorporate their children into the social world, mothers navigate and act in accordance with their knowledge of their children and the environment in which they grow up (Hays, 1996; Strathern, 2005: 5-6; Valencia, 2015). In this chapter, I focus on the knowledge shared by Russian natural mothers, analysing the specificity of the natural-parenting followers’ perception of the world, mothering, children and their needs.

### 2.1 WHAT IS ‘NATURAL’?

The name of the investigated parenting model – ‘natural’– refers to a particular set of ideas or a particular worldview. According to Ushakov’s Russian dictionary, one of the major dictionaries of the Russian language, the word ‘natural’ [estestvennyj] has the following meanings:

- 1) [...] relating to the nature of some location, climate, Earth surface, fauna, and flora. Natural wealth. Natural productive forces. Natural borders (rivers, mountains, etc.).
- 2) [...] relating to the phenomena of nature. Natural science.
- 3) [...] made without external interference, under pressure of natural force. Natural birth. Natural death. [...]
- 4) [...] Native, natural, non-artificial. Natural skin colour.
- 5) [...] Ordinary, normal; determined by the ordinary, usual course of nature (state of affairs). Natural deduction. The natural path of historical development.
- 6) Easy, ordinary/usual. Natural posture. The posture is natural enough. Natural facial expression. Natural gesture (*Estestvennyi*, n.d.)

Researcher of natural birth in Soviet and post-Soviet Russia and the USA, Ekaterina Belousova (2012:124), argues:

*The main meanings of the Russian word signifying 'natural' (estestvennyi) are 'normal', 'typical', 'accepted' and 'right', as opposed to 'unnatural', 'abnormal', 'odd' and 'wrong'. The adjective meaning 'normal' (normal'nyi) is often also used in an effort to gain a higher status for the alternative and marginal 'natural childbirth' ideology. Another important basic meaning of the word 'estestvennyi' is 'related to nature', 'essentially belonging to nature', 'primordial' as opposed to 'artificial', 'culturally constructed', 'invented by mankind'.*

Thus, by virtue of its very name (in Russian), natural parenting explicitly claims to be 'normal' and appeals to nature as its basis and rationale. It also implicitly and indirectly refers to the culturally dominant dichotomy of natural and artificial. If precisely this model of parenting is deemed natural, then others are supposedly unnatural or artificial, abnormal, against nature, or simply less 'natural'. This cultural dichotomy was extremely important for the natural-parenting followers I interviewed, and it framed their cosmology as a set of ideas of the world. It was the basic principle of my interviewees' way of structuring the world around them, like the distinction between purity and pollution in many cultures (Douglas, 2001).

The natural-parenting claim of normality being synonymous with 'right' was explicitly acknowledged and reproduced by my interviewees:

*This [natural parenting practice] is normal. This is the way it [caring for children] should be. (Natalia, 30, one child)*

The majority of natural mothers I talked to also distinguished between natural parenting and other less 'normal' and less 'natural' approaches from the point of view of mothering models and practices:

*Sometimes I think very deeply about whether this [parenting style] is the norm and, yes, I believe natural parenting is. [...] there just happens to be those mothers who are natural and those who are not. (Larisa, 37, pregnant, one child, St. Petersburg)*

Apart from seeing and positioning natural parenting as 'normal', 'right', my interviewees also saw it as 'belonging to nature' and 'primordial'. They understood the naturalness of a thing or a practice as originating from or being imposed by nature. Reflecting on the naturalness of things and practices, natural mothers built up a chain of references, where one link derived from another. First, my interviewees referred to the experience of previous generations – usually to that of their mothers and grandmothers.

*Well, in my opinion, [breastfeeding] is such a natural thing. [...] No, I see that it is possible to feed with formula. However, if there is [breast] milk... So I don't know, maybe this is so because it was normal for my family – to breastfeed. [My mother] breastfed my brother until he was 2 years and 8 months and my sister until she was 3 [years old]. Not because she read something about parenting, but only because it seemed to be normal. (Alina, 30, one child, St. Petersburg)*

They also appealed to earlier historical epochs or prehistoric times:

*I mean, it has been this way since the olden days; everyone in the countryside gave birth there – she went to tend the cabbage patch, squatted down while doing so – and gave birth to a child. That's why they say 'to find a baby in a cabbage patch'. (Tanja, 36, one child, St. Petersburg)*

Interestingly, the earlier epochs and the practices specific to them were seen by many of my interviewees as ideal. My interviewees did not problematise them. They did not question the mortality rates of mothers and children before the 20th century, which were among the highest in Europe (Mironov, 2003: 166-167, 199). Nor did they challenge the reasons why some peasant women

might have given birth 'in a field', although the idea of giving birth 'in a field while working' was at least questionable. The research findings of Adonyeva and Olson (2016) show that until the middle of the 20th century in Northern areas of Russia women usually gave birth at home or in the barn and, in the case of a first child, their husband or mother-in-law assisted them. The discussed findings might be due to the specificity of the geographical site of the research and, therefore, be characteristic of Northern Russia.

Another challenge to the idea of labour 'in the field' is the increase in infant mortality rates that was evident prior to the 20th century during the summer period, when mothers worked long hours in the fields and could not take care of their infants (Frieden, 1978: 252, Mironov, 2003: 200; Chernyaeva, 2004; Gradskova, 2007: 85, 98). The increase in infant mortality rates reveals the ultimate importance attached to women's participation in production, indicating that greater value was placed on women's role in the labour force than on their responsibility for childcare. Consequently, under these conditions, labour 'in the field' was prompted by the need to continue the field and household work and not by the ease of giving birth to a child. However, as Mary Douglas (2001: 38) notes, 'the uncomfortable facts which refuse to be fitted in' are usually ignored or distorted in order not to disturb the worldview or major ideas a person is keen on. 'By and large anything we take note of is preselected and organised in the very act of perceiving' (ibid.). The discussed facts threatened my interviewees' belief that everything that was natural was right.

Ultimately, my interviewees appealed to nature while reasoning the naturalness of a practice:

*For centuries, a human being has passed through the birth canal and his skull has been shaped by being born this way. [...] Nature has created it this way for a reason, I think. If nature had planned it otherwise, then ancient people would have ripped their bellies with a sharp stone and delivered babies by cesarean. So it depends on nature. Nature organised it somehow. (Tanja, 36, one child, St. Petersburg)*

The way my interviewees talked about or referred to nature reveals that they comprehended it as 'Nature' – a wise creator and supreme force that frames existence and life. It is neither anthropomorphic nor personified. Nor does it imply God per se or a Christian cosmology even for those of my interviewees who identified themselves as believers. However, in some situations 'natural' and 'divine' were used synonymously: our Russian medicine was on the natural track, divine before the Revolution<sup>5</sup> (Emilia, 39, two children, Vologda). The situational synonymy of these adjectives shows that natural (derived from nature) is considered supreme, and superior to humane,

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<sup>5</sup> This quotation will be analysed further.

temporal, and secular. At the same time, a human being is seen as a significant part of nature:

*Elina: [A human being] is here not only as a king and a tsar, but is an element that should harmoniously find its place in this world.*

*Emilia: [A human being] influences this world. She goes and blazes the trail. But the kind of trail depends on values reinforced by her parents and which she chooses later on. (Elina, 36, one child; and Emilia, 39, two children, Vologda)*

From the point of view of my interviewees, a human is a part of nature and can either follow it or influence it. For my interviewees, the implementation of natural parenting entailed adherence to Nature. For them, the mothering model in question provided an instrument for the maintenance of the connection between them as humans and Nature, understood as a creator, supreme force, and the world.

*And therefore, when I read those books on natural birth [...], it seemed so natural for me [...]. And then, my father is a forester, [...] and his stories about how he lived with bears and wolves I understood deeply as meaning that we are close to nature, where everything is right, natural. I would like to return there, maybe, return to nature. [...] So I try to keep this connection with nature via natural parenting. (Elina, 36, one child, Vologda)*

The natural mothers saw everything created by Nature as smarter and more perfect in comparison to any human creation, as made for some purpose and therefore as an element of a sovereign plan or the Grand Design of Nature.

*Q: Why breastfeeding?*

*A: I think because it is conceived by nature, because I have got milk with which I can feed my child, because Nature thought it out exactly this way. Progress is terrific, I really consider that what people create is great, but if you have breasts and there is milk in them, this [breastfeeding] would be better anyway than any human achievement. The reality is that nature has invented everything much better than we have. (Natalia, 30, one child, Moscow)*

The belief in the ultimate superiority of Nature and its creations predetermined the choices of my interviewees. From the natural mothers'

point of view, practices such as breastfeeding and natural birth were seen as the most 'natural'. What is noteworthy is that natural birth was understood rather widely. Currently, various types of labour might be acknowledged as natural: 'giving birth through maternal passages and not through a Caesarian section operation; labour led by a midwife and not by a doctor; water-birth, etc.' (Borozdina 2014: 415). There was no unanimous consensus among my interviewees as to what kind of labour is natural. While some of them considered natural birth to be labour outside of a medical institution ('home birth' – labour at home assisted by a midwife, 'solo birth' – labour without the assistance of any medical expert), others characterised any vaginal labour in a medical institution with no medical intervention or anaesthesia as natural. Nevertheless, despite the difference between these two approaches as to the definition of a natural birth, they have one thing in common: the absence of medical intervention in the labour process.

The natural-parenting proponents I interviewed saw the 'natural' things and practices as healthier and more suitable for children. Drawing a parallel with Mary Douglas's research on purity and pollution and its terminology, it is fair to say that natural and Nature provide a 'blessing'. Analysing Leviticus, Douglas writes (2001: 50-51):

*The blessing of God makes the land possible for men to live in. God's work through the blessing is essentially to create order, through which men's affairs prosper. Fertility of women, livestock and fields is promised as a result of the blessing and this is to be obtained by keeping covenant with God and observing all His precepts and ceremonies (Deut. XXXVIII, 1–14). Where the blessing is withdrawn and the power of the curse unleashed, there is barrenness, pestilence, confusion.*

When reflecting on nature, my interviewees did not use the terms 'blessing' or 'God'. Only two of them referred to Christianity or Christian cosmology in some way. Nevertheless, the idea shared by the natural mothers I talked to of nature 'giving' their children health and comfort when followed could be likened to a blessing understood as a 'source of all good things' (Douglas, 2001: 51). Meanwhile, artificial was seen by the interviewees as a source of potential danger and could therefore be considered a withdrawal of the blessing (ibid.). Consequently, they did not seriously consider any option characterised as 'unnatural'. None of the women I talked with (except one) had consciously chosen between formula and breastmilk, or between natural birth and a cesarean.<sup>6</sup> This is not to say that they did not consider the possibility of failing to breastfeed or giving birth vaginally without medical interventions. Rather,

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<sup>6</sup> Only one informant – Rita – had consciously chosen to have a cesarean. Her case will be analysed further.



the ‘artificial’ alternatives were not their first choice. The natural mothers needed a very good reason for not establishing and/or practising breastfeeding as well as for opting for a cesarean section. Moreover, they were expected to exhaust all their efforts in order to avoid such a situation.

*[...] I did not even think about this option [formula feeding]. I knew that some children are fed with formula, but I would have tried to avoid it. (Maria, 32, two children, Moscow)*

The ‘natural’ mothers I interviewed found evidence for Nature’s Grand Design in the biology and the structure of their bodies. They considered every organ to be created for a purpose. According to my interviewees, the primary purpose of the female reproductive organs (womb) and lacteal glands (breasts) was to be reproductive and nurturing. From their point of view, these organs were created for conceiving, pregnancy, and caring for children and should be used properly, as intended (especially breasts). The text quoted below illustrates this idea quite well. It was originally posted publicly<sup>7</sup> in an internet community supporting and promoting breastfeeding, which many of my interviewees actively read. It later gained some popularity in the Russian segment of the internet and was reposted in other blogs, forums and websites devoted to mothering and breastfeeding. The author kindly gave me permission to quote her text, use it for analysis, and identify her authorship.

*So, you’re left to wait for a while and soon you’ll need to walk around. What way of walking is worth choosing? Definitely, the best is to go on foot. Everyone can go on foot if they make up their mind to do so. However, if you fail, there are many wonderful alternatives to going on foot – wheelchairs, which are absolutely equivalent to human feet. (Sami\_s\_usami, 2011)*

The metaphorical comparison between breastfeeding and walking in this *humorous opus*, as characterised by its author (Sami\_s\_usami, 2011), reveals three things. First, from the natural mothers’ point of view, the ultimate primary purpose of the breast is breastfeeding. Second, the presence of an organ is equated to a person’s capability of using it according to an ascribed purpose: ‘having legs’ implies the ability to walk, while ‘having breasts’ implies the ability to breastfeed. Lastly, the fact that the author characterises this text as humorous, compares wheelchairs to bottles (or probably to other devices for feeding babies) and through this links choosing non-breastfeeding to

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<sup>7</sup> The privacy settings of this internet community allow two types of posts to be made: public – visible both to community members and non-members, and private (also called ‘closed’), which are visible only to community members.

voluntary disability shows how natural-parenting mothers might actively question a woman's inability to breastfeed. In the meantime, a mother's conscious refusal to breastfeed could even be a cause of bullying.

The narratives and discussions of feeding options represented in the interviews demonstrate the same challenging attitude towards non-breastfeeding mothers prevailing among the natural mothers I talked to. Some of my interviewees were explicitly critical about those mothers who fed their children with formula. For instance, Natalia, a 30-year-old mother of one, considered *those [women] who formula-fed [their children] as sub-mothers*. Originally, Natalia called formula-feeding mothers *nedomateri* in Russian, which could also be translated as 'not-enough mothers', since *nedo-* means 'not enough', 'insufficient', or 'sub', and *mat'-* means 'mother(s)'. Another interviewee, Larisa, also called into question the mothering provided by non-breastfeeding women, especially those whose breasts were lactating:

*[...] If there is breastmilk, I don't understand the arguments for stopping [breastfeeding] during the first weeks of breastfeeding. I don't understand **what kind of mother** that is [emphasis is added].*

The mothering provided by some was questioned by the natural mothers not only in terms of a mother's refusal or inability to breastfeed, but also when other organs aimed at reproduction were not used in accordance with Nature's Grand Design. A caesarian section also problematised mothering, for example. For instance, Irma, a 36-year-old mother of two, underwent an emergency caesarian when having her younger son. While she received mostly support and sympathy from her friends and fellow natural mothers, one mother turned out to be critical:

*Only one mother happened to be quite radical, telling me something like 'You should have taken some castor oil,<sup>8</sup> and everything [labour] would have started', 'you had a C-section' – and it was said exactly as if it was my fault. (Irma, 36, two children, St. Petersburg)*

While Irma who 'heard much blaming of women who dared for some reason to have a C-section' met few adverse reactions and was not concerned about them, some other interviewees were devastated and depressed after having a caesarian. For example Olga, a 38-year-old mother of two sons, both born by emergency C-section, experienced post-natal depression for a year after the first operation.

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<sup>8</sup> There is a common perception in Russia that certain products, particularly castor oil, taken during the late stages of pregnancy could bring on labour.

*I was beating myself up because I didn't do my utmost for the life of this child, because I had a C-section. Moreover, I had attended courses run by psychologists, and one of them told me about these C-section children, that they never achieve their goals, can't go all the way and so on. Later, I started searching for serious research on the subject of C-section children. I didn't find anything of the sort. [...] and after a year, I pulled myself together and decided 'to give up on them'. What had happened had happened. (Olga, 38, two children, Moscow)*

Olga was oriented towards a home birth with the help of a midwife. Her first labour started at home. Her waters broke twice and were green, and the pregnancy was post-term. Usually, green or brown waters are considered by medical staff to signal that either mother or baby needs urgent medical attention. Nevertheless Olga, who was aware of this, attempted to give birth at home over a period of twenty-four hours. The midwife assisting Olga recommended going to a hospital maternity unit after both she and Olga realized that she needed either to be induced or to have a caesarian.

*I put all my efforts into labour for a day, and we were using a birthing ball<sup>9</sup> and so on when the midwife finally told me 'you've done your best'. And really, I was doing my best [to give birth]. (Olga, 38, two children, Moscow)*

Olga's narratives show how natural mothers could be critical not only of the failures of others but also about their own (*beating myself up*). At the same time, they disclose a mother's ambivalent feelings: on the one hand, a woman could consider her efforts to be maximal (*doing my best*), while on the other hand, she might still see them as making an insufficient contribution to the child's well-being. Finally, these narratives raise a question about the limits of Nature. Olga did not question her body or Nature; instead, she took responsibility for the operation. But what if it was not Olga who 'failed' but Nature?

The answer can be found in part in the discussions about women's possible (or actual) inability or refusal to breastfeed. The majority of natural mothers with whom I talked were not as critical and judgmental as Natalia and Larisa above. Nevertheless, they felt sorry for non-breastfeeding women:

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<sup>9</sup> Large birthing balls are used for easing the pain of contractions: a woman in labour sits on the ball and rocks backwards and forwards or leans against it if exhausted.

*Q: What is your attitude towards formula feeding, when a mother chooses to feed with formula and doesn't try to establish breastfeeding?*

*A: Let's say, I feel sorry for her but I don't show it.*

*Q: Why?*

*A: I don't know. I think it would have been more right to... Let's say, I don't know the whole situation, I don't know how easy or hard it was for her to arrange breastfeeding. So without knowing that I won't say 'it's bad that you don't nurse'. (Maria, 32, two children, Moscow)*

The reason why the natural mothers felt sorry for non-breastfeeding women is that my interviewees equated the presence of an organ with the capability of using it. For them, the vast majority of women were able to breastfeed, while the failure or refusal to nurse was attributed to the wrong information or a lack of knowledge.

*I look at my friends for whom it [breastfeeding] didn't work out. They listened to doctors and didn't do anything. It [breastfeeding] really didn't work out for them and then they conveyed their experience to others. They said [...] 'my breasts are swollen' and then [they] mentioned things which I think can be fixed. [...] they start formula-feeding but I see that actually they needed to be given the right advice. [...] Therefore I think it's really rare when a woman is not able [to breastfeed]. Usually it [the failure] is simply because of a lack of knowledge among paediatricians because of women's lack of knowledge about whom to consult [about the problem]. Oh, and sometimes it is also because of women's lack of desire to breastfeed because breastfeeding is work anyway. (Afina, 37, expecting, two children, Vologda)*

All of my interviewees either explicitly or implicitly denied the possibility of Nature being at fault, or the breakdown of its Grand Design. The way they considered the 'actual' reasons for someone's inability to use certain body parts and organs in accordance with their intended purpose reveals the belief of the natural mothers I talked with in the superiority of Nature and the perfection of its creations. In the worldview of my interviewees, Nature could not be wrong. For them, if something went wrong, it meant that the woman had done something incorrectly or she did not know something. In the meantime, the lack of knowledge was also seen as the woman's fault, as I will show later in this chapter.

## 2.1 WHAT SHOULD A NATURAL MOTHER KNOW?

As discussed previously, within the framework of natural parenting ideology a mother is designated the main caregiver, who has both innate knowledge and resources for childcare (Schön & Silven, 2007: 103). She is expected to develop her awareness of the child's cues gradually, as well as skills and expertise through 'observing the infants' communicative signs and [...] sensitively responding to their expressed needs' (ibid.), which implies close physical contact with the child (Sears & Sears, 2001: 5-7, 9). In doing so, a natural mother becomes an expert in the care of her child(ren) who can duly guide and assist other childcare professionals:

*Because you know your baby so well, you will be able to help your paediatrician provide appropriate health care for her. In the years to come, you'll be able to help your child's teachers better facilitate her learning. (Sears & Sears, 2001: 9)*

The natural parenting ideology claims that mothers have instinctive knowledge about how to care for their children. My data show that the vast majority of my interviewees gained this knowledge through texts (via books, internet websites and forums), courses or other followers. Many of my interviewees, especially those who lived in St. Petersburg and Moscow, felt the need to increase and develop their knowledge about child care. The data also reveal that many of my interviewees experienced problems which they were not able to resolve by themselves and for which they needed the help and assistance of more skilled and knowledgeable actors.

Although many natural mothers that I interviewed said that natural parenting felt right, that it was precisely the way children should be cared for (Natalia, 30, one child, Moscow) and that it was derived from nature, all of my interviewees had some point of access to this parenting style. None of them started to care for their children in accordance with natural parenting by themselves, and every one of them was able to specify how and when they had learnt about this parenting model. There were three main ways or analytically distinctive scenarios whereby they acquired their knowledge.

According to the first scenario, mothers-to-be learned about natural parenting during courses for expectant mothers:

*We attended this course when I was pregnant for the first time since I didn't know anything about children and, actually, I didn't even plan to have one for a long time. I didn't have younger siblings, I didn't like*

*to babysit. So generally they [babies] were such a spherical cow<sup>10</sup> for me, incomprehensible. So we attended the course, where we learned a lot, particularly about natural infant hygiene.<sup>11</sup> [...] We also got to know about the importance of breastfeeding there. (Zoya, 37, three children, St. Petersburg)*

In the second scenario, mothers got to know about natural parenting from someone in their social networks:

*When Masha [the elder daughter] was born I had a friend who breastfed, and used slings. (Mila, 29, three children, St. Petersburg)*

Finally, mothers became acquainted with natural parenting when they came across materials related to the parenting practice. Natural mothers may have found them 'by chance', without any specific intention to do so.

*It was a long story for me. I read a book about home birth when I was twenty. So I had ideas about home birth for a long time. And I have had a lot of friends who gave birth at home, so the whole idea of natural parenting was clear to me. (Afina, 37, expecting, two children, Vologda)*

While Afina did not say that she was specifically searching for a book or material devoted to home births, Xenia, whose acquaintance with natural parenting also stemmed from information on labour outside of medical institutions, did conduct a targeted search.

*Being pregnant, I searched for videos and everything and [through this] I found a YouTube channel by Lidia Ananyeva<sup>12</sup> [...]. It was called 'conscious parenting', and she was pregnant herself at that time [...]. So they [Lidia's family] posted videos and I watched them, including their stories about natural infant hygiene, which they practised from*

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<sup>10</sup> 'Spherical cow' from 'spherical cow in a vacuum', also known as 'spherical chicken' or 'spherical horse', is a translation of the Russian expression *sfericheskiy kon' v vakuumе*, which means an ideal concept that does not correspond with real life.

<sup>11</sup> Natural infant hygiene, also known as elimination communication (*vysazhivanie*), is a practice whereby the child's caregiver (usually the mother) observes the infant's signals of a need to urinate or defecate and enables him to do so in an appropriate place. This practice also implies the minimisation or absolute avoidance of nappies.

<sup>12</sup> Lidia Ananyeva is a blogger and promoter of natural parenting in the Russian-speaking segment of the internet.

*the very beginning, and about vaccinations. So it happened through her. (Xenia, 29, one child, Vologda)*

These accounts of becoming acquainted with natural parenting, as well as the narratives related by my interviewees in general, show that natural parenting knowledge could be considered 'the space in which the subject may take up a position and speak of the objects with which he deals in his discourse' (Foucault, 1972: 182). Natural parenting knowledge is not just a set of information, statements, and beliefs, but is 'the field of coordination and subordination of statements in which concepts appear, and are defined, applied and transformed' (ibid.). The acquaintance with natural parenting becomes the point of entrance to this field of natural parenting knowledge in which, as I will go on to demonstrate, my interviewees take up their positions and coordinate their previous knowledge with the most recent knowledge related to the parenting model.

Soon after my interviewees became aware of the existence of natural parenting according to any of the above-mentioned scenarios, they started to seek more information about this childcare model, turning to other ways of familiarising themselves with the subject. For instance Zoya, who attended the courses for pregnant women, *finally started to read about this issue [...] and the pieces of the puzzle fell into place*, so she chose to adhere to natural parenting. Mila, who had a natural-parenting friend, also started to look for more information after her friend inspired her. Both Xenia and Afina took thematic courses for mothers-to-be, while the latter shared her knowledge and views on natural parenting with her friends and thus became a source of information for other mothers. Two other interviewees mentioned that they first got the idea about natural parenting from Afina.

For some of my interviewees, the acquaintance with natural parenting was eye-opening:

*I was nineteen or twenty when I started to read books about home birth. It was such an insight for me that this [phenomenon] existed. Knowing all about this Soviet system, how my mother gave birth, how women gave birth in general. I had, I think, such intense fear since everyone in my environment – my relatives both from the countryside and cities told me, and the mass media ... I mean the process of labour seemed horrible, yes, very scary. (Elina, 36, one child, Vologda)*

Six years later, after reading the books about natural childbirth, Elina gave birth to her daughter at home. Scared of the way in which labour was experienced by many women of the older generation and her peers, Elina had learned about this alternative to labour in a medical institution before planning her family and becoming pregnant. She was not the only interviewee who experienced fear of labour, and her fear was far from unique in general.

The vast majority of natural mothers I talked to shared their concerns about this issue. The critical point revolved around apprehension towards official Russian medical practices. In contrast to Elina, many other interviewees became scared after first-hand negative experiences of the Russian medical system:

*I resigned myself to a home birth for one reason in particular – my heart sank at the mere thought of the maternity unit [...] I had a very negative experience of giving birth to my elder son in a maternity unit. Very. [...] Very negative memories about the maternity unit. Extremely negative. (Nancy, 36, two children, Moscow)*

Nancy's negative experience of her first labour in a maternity unit encouraged her to seek more information about alternatives and to give birth to her younger son at home. Nancy's case illustrates the most common scenario regarding the home-birth choice among my interviewees. In contrast to Elina, who was oriented towards giving birth outside of a medical institution in advance, the majority of natural mothers I talked to had already given birth in a maternity unit. Being dissatisfied with the experience, they turned to home birth for their younger children. The reason why they did not consider home birth in the first instance is grounded in the contemporary Russian healthcare system.

Prenatal and maternity care, as well as other types of healthcare for adults and children, are covered by the Compulsory Medical Insurance programme in Russia. As a result, they are free of charge and de jure generally accessible for citizens of the Russian Federation (Federal Law N 323-FZ, 2011). Medical care of this sort is also available on a self-supporting basis and/or through private medical insurance programmes in both public and private medical institutions. However, domiciliary obstetrics or so-called birth and labour assistance at home is not licensable in Russia and is juridically illegal (Borozdina, 2014). While women giving birth at home are not prosecuted, midwives or other actors who provide services in assisting home birth could be taken to court and sentenced to jail (Criminal Law N 63-FZ). The illegal status of domiciliary obstetrics problematises women's access to this option. Those who are inclined towards home birth have to find information about it (usually through the internet and social networks) and procure a midwife by themselves since this option is not offered or discussed by maternity clinic staff during regular prenatal check-ups. Women willing to give birth at home also have to consider what kind of action will be taken in the event of obstructed labour or another kind of emergency. While my data as well as other research on independent midwifery (Borozdina, 2014) show that searching for information and service providers is easy in big cities such as St. Petersburg and Moscow, in the case of smaller cities such as Vologda it is more challenging. According to my Vologda interviewees, until recently



(only two to three years ago) there were only three midwives who provided assistance during home births in a city with a population of about 300,000.

A home birth might not only be problematic for women willing to deliver outside of medical institutions, but could also lead to negative consequences for medical personnel other than midwives who assist in home births. According to Galina, an employee of one of the Vologda maternity units and a natural mother herself, a district gynaecologist might be rebuked if there are home-birth cases within her catchment area. In contemporary Russia, pregnant women are monitored by a gynaecologist in local women's health clinics, which provide gynaecological care for all women. These clinics are usually separate health centres, but they could also be located in the same premises as a maternity hospital. Galina gave birth to her third child at home and did not attend regular check-ups in the maternity clinic. She justified her decision not to visit a maternity clinic by referring to her professional solidarity with other medical personnel – she wanted to avoid causing any problems for the doctors in the maternity clinic she was assigned to:

*Q: Did you visit the maternity clinic for all three pregnancies?*

*A: The first two times, yes. The third time, no [...] in order not to wrong-foot the doctor. Since I know that if I'm monitored by a doctor and then give birth at home, the doctor would be called out, there would be a staff meeting where the doctor would be dragged over the coals and told 'Oh! how did you not notice, how did you not understand, and why did you not advocate giving birth in the hospital instead?'. (Galina, 35, three children, Vologda)*

In other words, the structural conditions of contemporary Russia imply that the state controls the sphere of reproduction through the healthcare system. By licensing particular types of medical care and restraining the legal status of others, it delineates the field of options and restricts the circulation of specific practices and knowledge about them. Yet the quality of services provided by official (certified) medical institutions is insufficient from the natural mothers' point of view. The official medical system, especially in regard to labour and pregnancy, was often seen by many of my interviewees as unfriendly, coarse (regular maternity hospital: that is pretty disgusting – Alina, 30, one child, St. Petersburg), or even traumatising:

*I was taken there [to the delivery room] on an ambulance trolley. The pain was excruciating [...] I understood that it would be easier to deliver squatting, I wanted to squat, I didn't want to lie on my back, my back ached, I was in pain. They [the medical staff] didn't let me get out of bed. I told them: 'Let me stand up at least. I can't make a decision while lying down.' [...] They yelled. There were three old men standing*

*around me: an anaesthesiologist, a doctor, a unit head [...] they stood over me, trying to manipulate me [...] it was all so unexpected. When my mum told me about giving birth to me, how she delivered me, I was like 'It's different now!'. But it turned out that it was no different at all now. Even in the highly praised maternity hospitals of Moscow. (Olga, 38, two children, Moscow)*

Sensing which posture would be more appropriate for her in order to decrease the labour pain, Olga was not allowed to act as she would have preferred. Potential medical procedures and interventions were not explained to her (*They yelled. [...] trying to manipulate me*). Olga's narrative reflects one of the major complaints or aspects of women's criticism of maternity care in Russia – authoritative control exerted by medical staff over a woman in labour (Angelova, Temkina 2009; Borozdina, 2014: 37-38). This authoritative control ostensibly deprives a woman of her subjectivity/agency in the process of labour, transforming her into a 'body' or an 'object' which should be supervised, controlled, and regulated by medical staff (Zdravomyslova & Temkina, 2009: 193-195). A woman's knowledge of her own body is also rejected (*I wanted to squat [...]. They didn't let me get out of bed*).

The authoritative control exerted by medical institutions, including maternity wards, is common in Russia (Zdravomyslova & Temkina, 2009; Angelova & Temkina, 2009). It is often accompanied by poorly managed facilities, inadequate resources and the over-bureaucratisation of the healthcare system (Borozdina, 2014: 38). Under these conditions, Russian middle-class women, acting as reflective and responsible actors, develop a range of strategies for securing their agency within the framework of interaction with the healthcare system. They pay out-of-pocket in public hospitals, search for a 'good' doctor via social networks and make personal agreements with her, resort to blat, namely 'the use of personal networks for obtaining goods and services in short supply and for circumventing formal procedures' (Ledeneva, 2006: 1), and turn to private services (e.g. arrange for private pregnancy and labour-related medical services) in order to be on the receiving end of a more personalised and comforting attitude (Zdravomyslova & Temkina, 2009). However, these options are not equally available to all women since their accessibility depends on women's resources (economic, social, cultural) and the milieu.<sup>13</sup> For instance, there are 30 private and public maternity hospitals in Moscow (population approximately 12.5 million) and a total of 20 maternity hospitals in St. Petersburg (population 5.3 million). The public maternity hospitals in St. Petersburg and Moscow provide healthcare services both free of charge (expenses covered by the Compulsory Medical Insurance programme) and on a paid basis. Meanwhile, there are three maternity hospitals in Vologda for 308,000 people. The vast majority of

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<sup>13</sup> The findings from research on lesbian mothering reveal that middle-class lesbians use the same strategies after conceiving children (Zhabenko, 2014).

Russian maternity hospitals close for scheduled sanitary-hygienic procedures for two weeks or a month every year, during which all of the equipment and facilities are thoroughly sanitised (more intensively than they are as a rule). During this period, they discharge patients and do not accept new ones. In the case of Vologda, the implication is that for approximately three months per year only two out of three maternity hospitals are open. Moreover, one of Vologda's maternity hospitals has only common labour rooms, which means that several women may give birth in the same room at the same time, which is actually not that rare in Russia. Finally, according to my Vologda interviewees, private maternity and labour care was not available in Vologda until recently. So, in contrast to residents of St. Petersburg and Moscow, women in Vologda have no option of arranging private labour care in public maternity wards.

The authoritative control exercised over women by medical institutions and the state monopoly over the legitimisation of certain medical practices was seen by my interviewees as well as by researchers (Gradskova, 2007) as a legacy of the Soviet period (no different at all now). Reflecting on labour and pregnancy in general, and various details of these processes in particular, the majority of the natural mothers that I talked to touched upon or mentioned the Soviet period. Many of them were aware of the older generation's experiences of giving birth during the Soviet time:

*[The older generation] do not see labour as a joyful experience [...], they regard it as awful. (Ulyana, 27, pregnant, 2 children, Vologda)*

Although Soviet women's experiences were characterised as negative, it is hard to ascertain whether the negative evaluation was given by my interviewees or by those women who shared their stories with my interlocutors. The reason why Soviet women's experiences were perceived as negative concerns the specificity of Soviet state policy regarding mothering and the medical system.

During the Soviet period, mothering was the central state enterprise, one of the key objects of social and family policies both at the level of discourse and at the level of practices. The family was regarded by the Soviet state as an intermediate agent between the wider society and the individual, while parents, who were responsible for raising children, had to be properly educated and supervised (Issoupova, 2000; Tchoukina, 2002: 110). Medical staff was the major agent of control and supervision over parents. This was a result of the Soviet state orientation towards decreasing infant mortality rates, which were the highest in Europe at the beginning of the 20th century (Rivkin-Fish, 2003: 291; Gradskova, 2007: 85). The high rates were considered to be caused by the lack of hygiene and professionally trained medical care specialists, poverty, mothers returning to work too soon after giving birth, traditional childcare practices such as introducing solid food too early (often because of prejudice towards breast-feeding), and rural mothers' fatalistic

attitude towards their children, stemming from the belief that a child's fate was sealed and nothing could be changed (Gradszkova, 2007: 85, 98; Chernyaeva, 2004). In order to forestall these preconditions of infant mortality, the state adopted a 'scientific' approach to demographics, including various measures such as launching campaigns for the mass education of women on medical and health issues and the distribution of scientific information about pregnancy, childbirth and hygiene (Gradszkova, 2007: 86; Issoupova, 2000). Starting from the 1930s, even the language of popular manuals and books on childcare was 'quasi-scientific, full of specific terminology and distinctly medical metaphors' (Chernyaeva, 2004). Labour, birth and childcare were considered and described in terms of medicine and biology, and in terms of 'norm' and 'anomaly'. These processes were defined by medical staff as natural but as requiring constant control and advice from representatives of the medical system (ibid.).

This transformation came about in tandem with the increase in medical institutions (Gradszkova, 2007: 90). Hence, the medicalisation of mothering was not only discursive, but also took place at the level of practice. According to Olga Issoupova (2000: 35):

*[...] by 1935 the possibility of giving birth outside state institutions was completely ruled out. [...] This midwifery regulation, although it no doubt stemmed in part from concern for the health of mother and child, also served to firmly quash the idea of childbirth as a private, individual experience. It would henceforth only be conducted under the watchful eyes of the state.*

Based on anthropological and ethnographic research on rural Russian and Tatar women, David Ransel argues that the final change in birthing practices took place later in the 1960s (Ransel, 2000: 125-153). According to his data, while giving birth in medical institutions was gradually normalised during the 1930s-1950s, and despite the growth in the number of women delivering in hospitals and maternity units, many still preferred to give birth at home, even in the 1950s. It was as late as the 1960s when maternity units became the regular place for rural Russian women to give birth (ibid.).

The transformation in the birthing practice at this time was profound. The medicalisation of pregnancy and labour (and mothering in general) changed not only the delivery locale for women but also their behaviour in respect of labour and reliable experts. Before the mid-20th century, a woman gave birth at home alone or assisted by a *povitukha* (a lay midwife), her mother-in-law (since families were patrilocal), husband, and/or more experienced women (Ransel, 2000; Adonyeva & Olson-Osterman, 2010). Women often delivered in a squatting position, not lying down (Adonyeva, 2016). The enforced medicalisation changed that as women were supposed to lie on their back, which deprived them of a knowledgeable position in regard

to their bodies and reproduction as they could not see the process. It also deprived women of the presence of their kin and community as the hospitals limited access to pregnant and delivered women and their newborn children due to sanitary requirements. Medical staff became the new experts in the care of mothers and children (Issoupova, 2000; Chernyaeva, 2004; Gradskova, 2007; Olson & Adonyeva, 2016). A Soviet mother was supposed to consult a doctor as soon as she knew she was pregnant, to go to the maternity unit from the onset of her contractions, to behave in labour and during pregnancy in accordance with the doctor's recommendations and advice, to breastfeed, and to take her baby to the clinic for regular check-ups (Chernyaeva, 2004; Gradskova, 2007: 102-103).

My interviewees regarded both Soviet and contemporary Russia medical maternity care as unnatural and even harmful for mothers and children:

*All our grandmothers were taught alike: 'Let her [the child] cry' [...], 'it's nothing serious – she cries and then stops'. 'Give them [the children] some water!', 'Don't hold them in your arms otherwise they'll get used to it', and so on. My mum said the same [...]. I held my child, she calmed down, and she [the mother] said in this kind of voice (mimics): 'She's got used to being held now'. It was as if the child had become addicted to drugs, as if she was worthless [...]. I don't know why they [the older generation] were taught to hate children so much [...] Consequently, they only had breastmilk until the child was three months old, and they were, like, prohibited to breastfeed on demand. [...] Actually, the 1970s and 1980s were the clear and proclaimed epoch of misopedia, which was ingrained by mothers into our consciousness in particular. As they were taught not to cuddle their babies [...]. They were taught to ignore children, let them cry, and so on. Busy yourself with ironing the child's caps and vests on both sides ... but who needs caps and vests today? So they tried to ingrain this into my brain: my mother-in-law hardly tried and my mother tried hard. (Rita, 39, three children)*

Rita's narrative aptly illustrates the common perception that my interviewees had of Soviet times as being characterised by a hatred of children. By hate, Rita referred to insufficient or a lack of attention paid to a child as a unique and vulnerable creature with her specific needs for a tight emotional bond and close physical contact (*Don't hold them in your arms otherwise they'll get used to it*). From Rita's point of view, significantly high sanitary-hygienic requirements usurped a lot of time and resources at the expense of emotional labour. In some sense, Rita's argument is true – Soviet mothers were indeed recommended to focus on hygiene and to maintain it at a high level. Her mention of ironing the child's caps and vests on both sides is one such

recommendation given by Soviet childcare expert and professor of paediatrics Georgiy Speranskiy (1941: 71):

*... soak the clothes in used water and then boil for 3-4 hours in a pot or vat with 400 grams of soap, 50 grams of washing soda and 2-3 spoons of kerosene per bucket of water. After boiling the clothes, rinse and dry them. [...] Dried and rolled clothes should be ironed on both sides to disinfect them properly.*

Such recommendations were seen by Rita and other natural mothers I talked to as potentially harmful, destroying other more important aspects of mothering such as breastfeeding (Consequently, they only had breastmilk until the child was three months old).

In her narrative, Rita reflected on the actual transformation of the public perception of mothering as well as the expert discourse that emerged in Russia in the 20th century (Chernyaeva, 2004; Gradskova, 2007; Chernova & Shpakovskaya 2016). She contrasted the time- and resource- consuming recommendations for everyday childcare during the Soviet period with contemporary ideas about the vital importance of responding to a child's needs and providing her with physical contact (Sears et al. 2001). She questioned whether the former is still relevant in the contemporary context (but who needs caps and vests today?). Yet Rita did not challenge the circumstances of the emergence and implementation of either the Soviet or the modern advice for mothers. As already discussed, the Soviet recommendations were the product of state bio-politics aimed at decreasing high mortality rates stipulated by poor hygiene and a lack of knowledge about health and care issues on the part of mothers (Chernyaeva, 2004). However, many early Soviet mothers lacked household utilities such as running water and heating. Also, they were supposed to follow the only legitimate gender contract, namely that of a 'working mother' (Temkina & Rotkirch, 2002; Aivazova, 2011; Rotkirch, 2004). Within the framework of the working mother gender contract, women were supposed to combine participation in the labour force with providing care for their family and children, while the state provided various forms of support and assistance for women with regard to childcare through benefits, healthcare, nurseries, and so forth (Temkina & Rotkirch, 2002: 8; Chernova, 2013: 124). Implementation of the working mother gender contract resulted in a double burden and misbalance in respect of the gender division of labour within households (Zdravomyslova & Temkina, 2003). Even though the number of childcare centres grew steadily during the whole Soviet period (Chernova, 2013: 129), there was still a shortage of nurseries and kindergartens, while the social infrastructure did not satisfy the needs of Soviet citizens and provided poor-quality services (Zdravomyslova & Temkina, 2003; Razhbaeva, 2004: 174). In this vein, the implementation of Soviet recommendations for mothers could be considered an older form of

intensive mothering which entailed an investment in an enormous amount of time and different resources in raising children (Hays, 1996: x).

In contrast to Soviet women, my interviewees were caring for children in a significantly different context. First, they possessed sufficient economic and cultural resources, which allowed them to use both public and private services. Second, they did not need to put a great deal of effort into meeting the basic needs of their households. Unlike the women of older generations, my interviewees did not have to ‘hunt for’ (*dostavat*) products, goods, and services. The late Soviet period, when the vast majority of my interviewees were born, was characterised by a significant shortage of many products; in order to obtain both premium and, more importantly, fast-moving consumer goods Soviet people had to know where and when they were sold, and queue for hours (Temkina & Rotkirch, 2002). People also used their social networks and *blat* in order to buy food and clothes and to obtain good-quality public services since they were short of money and access to the distribution system was more important in the context of generalised shortages (*ibid.*).

Rita’s narrative not only omitted the context of Soviet mothering – the medicalisation of care for children brought about by the state’s bio-politics, but also problematised the agency of Soviet women. Reflecting on the way in which Soviet women cared for their children, Rita used the passive voice: they were taught; they were, like, prohibited to breastfeed on demand. Like many other natural mothers I talked to, she saw the generalised pattern of Soviet care for children as being the result of the education and training of Soviet women (she repeated *they were taught* several times). This false information received by Soviet women had been accepted by them from Rita’s point of view since they tried to transmit it to her<sup>14</sup> (*My mum said the same; tried to ingrain this into my brain*). Rita’s argument challenged the basic ideas of natural parenting. If Soviet women cared for children ‘wrongly’ while natural parenting was the ‘right’ and instinctive way to care for children as its ideology stated (Sears et al. 2001: 27), did it mean that Soviet women were oppressed or forced in some way to do so? Or maybe it was their conscious choice? Yet wrong-doing was seen by my interviewees in general and by Rita in particular as the result of women’s lack of knowledge about natural parenting. This assumption implies that natural-parenting knowledge both requires learning and could be suppressed by the state, society or culture, and therefore questions the idea of natural parenting being innate.

## 2.2 ACQUIRING KNOWLEDGE

According to the natural parenting ideology, in order to build up and develop mothering expertise, all the mother needs to do is to be attentive to her child’s cues and react to them by implementing key practices. In the meantime, these

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<sup>14</sup> Intergenerational knowledge transfer will be analysed in more detail in Chapter 3.

practices are portrayed as easy, pleasant, and not requiring specialised knowledge or skills (Sears et al. 2001). Nevertheless, the books and texts devoted to natural parenting and its particular practices provide the mother with rather detailed and systemised knowledge. For instance, La Leche League (Kak ponyat', n.d.), an international non-governmental, nonprofit organisation supporting and promoting breastfeeding through advocacy, information support, the organisation of educational events and training in breastfeeding, gives the following advice on breastfeeding:

- *At first, a baby barely shows that she wants to suckle. Her eyes move rapidly under her eyelids, which tremble before she opens them. The baby moves her hands to her face, and opens her mouth.*
- *Then there are more obvious signs – the child looks for the breast, whines and whimpers.*
- *If you notice this behaviour at this stage, the baby will take the breast gently and easily.*
- *With increasing hunger or discomfort, the baby tenses her body and mouth. She begins to breathe faster or cry.*
- *When a child has cried, it is more difficult for her to take the breast. Crying is the late sign of hunger or indicates that the baby wants to suckle. Before you give the baby the breast, calm her down.*
- *A child is easily attached to the breast when she 'asks' for it, and it is much more difficult when she 'demands' it.*
- *Do not wait until the breastmilk accumulates. If the breast is full, it means that milk production has slowed down.*
- *Even if the child does not ask, you can suckle her at any time convenient for you.*

On the one hand, the quoted recommendation states that in terms of breastfeeding, the mother has to observe the baby's signs of hunger and immediately feed her, which complies with the major natural parenting idea of focusing on the child's needs and meeting them. On the other hand, this recommendation contains a detailed description of the signs indicating the baby's need for feeding and offers algorithms for the mother's possible or required actions.

My interviewees welcomed information of this sort. Many of the natural mothers I talked with alluded to it during their pregnancy. Prior to childbirth, they actively searched for information and read various material on childcare.



*It's good that I had this basis, that I had read that book [by Sears] at least. I just came across it in a bookstore. I looked through many books that had a lot padding, but Sears was clear on the matter [...]. (Mila, 29, three children, St. Petersburg)*

The fact that many of my interviewees referred to various sources of information reveals that they were prepared to become natural mothers and felt the need to acquire more knowledge on how to parent naturally. The search for this information may well be time- and resource-consuming (*looked through many books*), and may not necessarily be fruitful (*that had a lot padding*).

*As for breastfeeding, I was reading a magazine called 'Nine months', and I was buying quite a lot of issues. [...] they promoted breastfeeding. So after reading this journal, I was strongly primed for breastfeeding. And if you're primed for it, then you go on Lyalechka, and you become a frequent user, and so it goes. So I used Lyalechka before giving birth. (Sasha, 37, two children, St. Petersburg)*

Being acquainted with natural parenting in advance, my interviewees considered most relevant only those sources that promoted and supported the ideas of the discussed parenting model (*was clear on the matter; if you're primed for it, then you go on Lyalechka*). I argue that this is because these sources were more easily integrated into the worldview of my interviewees and into the field of natural parenting knowledge they had recently entered. As Foucault claims, knowledge of a particular discursive formation is not the totality of everything said about it 'but the whole set of modes and sites in accordance with which one can integrate each new statement with the already said' (Foucault, 1972: 182). My interviewees' perception of naturalness as supreme and perfect could be regarded as one of these sites in terms of Foucault facilitating the acceptance of sources promoting natural parenting in the corpus of knowledge already acquired.

The vast majority of my interviewees purposefully sought information prior to childbirth. However, while some, like Sasha and Mila above, regarded this as preparing for breastfeeding in practice, others, like Agata below, did not.

*Q: Did you prepare for breastfeeding in any way?*

*A: No.*

*Q: So you didn't read anything?*

*A: No, but I read the basics, and some things on Lyalechka, so I had some idea of the theory, like giving the breast when the baby makes a little sound, putting the nipple deep into the baby's mouth, and helping the baby latch on in this way – just in case something goes wrong. I also called a breastfeeding counsellor before giving birth [...]. (Agata, 40, one child, Moscow)*

Agata had contacted a breastfeeding counsellor, a specially trained person (usually a woman) who consults mothers and gives advice on lactation and breastfeeding, answers the relevant questions, and who meets face-to-face in order to teach, show or check various aspects of nursing, namely whether a baby is latched onto the breast in the right way, the nipple is put into the mouth deep enough, or whether the baby needs any medical assistance. The consultation with a breastfeeding counsellor could be either free of charge or priced. It is hard to say whether all of the consultants in Russia are officially certified and where they have studied, since this sphere of service is outside state control or unregulated at least. However, some of the counsellors are trained through various courses arranged by organisations and communities (such as La Leche League for example) that are acknowledged as major experts in breastfeeding. Yet Agata did not make a point of contacting a specific expert in preparation for breastfeeding.

A few of my interviewees did not prepare in any way: they did not read any material, consult a breastfeeding counsellor, or take a look at thematic websites, forums and blogs:

*Q: Did you prepare for breastfeeding in any way? Did you read anything?*

*A: No, I didn't do anything.*

*Q: Did you consider bottle-feeding at all?*

*Q: No, I was sure I would succeed. (Natalia, 30, one child, Moscow)*

For my interviewees, the decision on whether or not to take any specific actions prior to breastfeeding was tightly bound up with their beliefs in or attitudes towards 'Who is able to nurse?' and 'Am I able to nurse?'. While Natalia was confident that she would succeed with breastfeeding, Sasha, previously quoted above, who had prepared extensively, had a different idea about the availability of breastfeeding for women in general and herself in particular:

*[...] before giving birth [to a first child], after I had read a lot in the 'Nine months' journal, I had the impression that breastfeeding is for the lucky ones. That a person definitely needs to be lucky [in establishing breastfeeding], that she needs to make a lot of effort, needs to be a good student, an honours student. And then you draw a winning ticket and you'll be able to breastfeed your child. (Sasha, 37, two children, St. Petersburg)*

As discussed above, the natural parenting ideology declares that any woman can breastfeed, and many of my interviewees espoused this idea. However, compliance with this way of thinking is usually characteristic of experienced natural mothers, while doubts about one's own capability to breastfeed are often specific to first-time mothers-to-be.

The theoretical knowledge about this practice acquired from various sources did not guarantee that my interviewees would be able to nurse successfully and unproblematically. While some natural mothers that I interviewed said that breastfeeding went very smoothly and easily to begin with, the majority admitted that they required the help of experts (i.e. medical staff, lactation consultants) or people who were more skilled.

For instance, Natalia, who stated that she was not preparing for breastfeeding, yet was sure that she would succeed, answered the question 'Was breastfeeding established immediately?' unexpectedly:

*Yes, my midwife adjusted my breastfeeding; with a quick movement of my breast, she put it into my child's mouth [laughs]. That's it. Since that moment, everything has been fine. (Natalia, 30, one child, Moscow)*

In contrast to Natalia, Nancy prepared for breastfeeding. She attended courses and read some material during her pregnancy. Nevertheless, she also required help in establishing breastfeeding:

*So, probably, thanks to those two midwives – one from the courses, who gave us lectures, and another who helped me in the maternity unit, I was able to breastfeed. (Nancy, 36, two children, Moscow)*

According to the interviews, the natural mothers I talked with rarely received the help they needed from medical staff, even in maternity hospitals. Even if the hospital was carefully chosen for its breastfeeding and rooming-in friendliness, it did not automatically imply the availability of such assistance. In many cases, the hospital friendliness towards breastfeeding experienced by

my interviewees was reduced to posters and brochures promoting the practice and its benefits:

*I drank a lot of liquid and then I got [lactated] so much [breastmilk] that the breast became rock hard and it was unbearable. And they [the medical staff] couldn't do anything with it. [...] I was almost crying. I didn't sleep the whole night, my baby couldn't suckle, and it was awful. And they [the medical staff] did nothing. They gave me a breast pump, and offered bromocriptine. (Sasha, 37, two children, St. Petersburg)*

In contrast to Natalia and Nancy, Sasha experienced very painful lactation establishment the first day after giving birth, but was not provided with sufficient help. Instead, she was offered medicine (bromocriptine) that terminates lactation:

*Doctors are not taught about certain issues such as labour and breastfeeding. So when you say that you don't have enough breastmilk, they prescribe formula. (Ulyana, 27, pregnant, two children, Vologda).*

My interviewees attributed this state of affairs to medical workers' lack of knowledge:

*Like, I see that I know more than a regular paediatrician. Truly they don't know. Maybe they didn't have a relevant course [on breastfeeding]. (Afina, 37, pregnant, two children, Vologda)*

My interviewees saw some doctors as having the required expertise on natural parenting in general and breastfeeding in particular. Yet, from the natural mothers' point of view, they might have been overshadowed or challenged by other less knowledgeable medical staff:

*When we [the interviewee and other women in the maternity hospital] were discharged, we were lectured by the doctors about breastfeeding on demand, who said that a baby doesn't need any dummies or bottles. [...] but when we arrived home, we got a visit from a district paediatrician who usually comes right after discharge. [...] And she said: 'You aren't giving [the child] a dummy, are you?' I replied that I was told in the maternity hospital that I didn't need to do that. But she said: 'Oh, don't say that! Give her a dummy.' (Serafima, 32, four children, Vologda)*

Sometimes my interviewees even found themselves caught in the crossfire between proponents of 'new' and 'old' (Soviet) approaches to maternity and childcare:

*One paediatrician came, [...] brought me a bottle and said: 'Breastfeed if you want, let the baby try to latch on, but you won't be able to breastfeed. You're so tiny and thin, your breast is small, you won't be able to breastfeed. Look, he's 2,700 grams – he's almost dying'. She brought me a bottle and I looked at it [...]. I looked at this bottle and hid it in the fridge. The other woman came, her shift began, the shift changed, she started yelling at my roommate: 'Why is there a bottle in the fridge, didn't you breastfeed?!' [...] I said that the bottle was brought to me. 'Are you stupid? You delivered by yourself so [breast]feed.' I said: 'Listen! Agree upon your recommendations.' I was really angry about it. One comes and says: 'Are you stupid [since you] decided to breastfeed?'. Another says: 'Are you stupid [since you] decided to bottle-feed?' (Valeria, 28, two children, St. Petersburg)*

While Serafima received contradictory recommendations from the staff in different medical institutions – the maternity hospital and the district polyclinic – Valeria was given conflicting guidance within the walls of one hospital. In Valeria's case, all of the advisors were quite assertive and radical while some of them even verbally abused her (*Are you stupid?*). The hostile and rude behaviour that Valeria faced in the maternity unit where she gave birth to her elder child is not unique. Moreover, it could take forms other than verbal abuse: explicit negative comments on women's parenting and insistence on supplementary feeding with formula. For instance, Rita was one of those whose parenting was lambasted in the hospital. She was generally satisfied with the medical institution where she delivered her elder daughter, and she established breastfeeding immediately after giving birth. However, she was devastated by the comments she received from one of the doctors, who argued that *a good mother does not breastfeed, a good mother doesn't skimp on a good formula* (Rita, 39, three children, St. Petersburg).

Another informant, Julia, was pressured by medical staff in the maternity hospital to supplement her breastfeeding with formula. Although Julia's breastfeeding went smoothly, the doctors told her that her child was too small and needed supplementing. They insisted that Julia did not have enough breastmilk, and the baby was not gaining enough weight. In order to facilitate her hospital discharge, Julia delegated the communication with medical staff to her mother-in-law and gave her son one bottle of formula. At the time of the interview, this was the only occasion when she had resorted to a breastmilk substitute when feeding her son:

*Eventually, my mother-in-law negotiated with all the doctors. Shortly before I was discharged, she talked to the senior physician [of the maternity unit], who said that it would be better if the child [Julia's son] received supplementary feeding. So I took the bottle [of formula]. Right before my discharge, we fed the child with it just that once. At this point, our relations with formula were over. So he consumed one bottle and that was it. (Julia, 31, one child, Moscow)*

In the case of Katja, formula-feeding was carried out by the medical staff. The doctors argued that Katja's daughter was regurgitating too much and prescribed her anti-reflux formula. Katja, like other interviewees, was opposed to formula-feeding and tried to avoid it (*steered clear of [formula feeding]*). Nevertheless, the formula was introduced to her daughter by the medical staff who *slipped it [breastmilk supplement] into her [the child] and then performed a gastric lavage on her* (Katja, 36, two children, Moscow). Katja was in distress because of it, but [she] was afraid to take a stand against the doctors. Notably, being a legal representative of her child, Katja had the right to refuse any medical treatment or intervention (Federal Law N 323-FZ, 2011) as Larisa did. In Larisa's case, the doctors also insisted on supplementary formula-feeding since the baby was underweight. The doctors offered to give Larisa's child a couple of bottles of breastmilk substitute so they could discharge her from the hospital (otherwise they would not). Larisa refused, exercising her legal right: she discharged herself without formula-feeding her baby.

To sum up, my interviewees embarked on their path as natural mothers in a complex environment. Aware of natural parenting and considering this parenting model to be 'right', they sought more information about it, challenging the notion of natural parenting as an innate instinct in all women. Yet they had to acquire this knowledge by themselves. The previous patterns of childcare were seen by my interviewees as 'wrong' and potentially harmful. The expertise provided by older generations was often considered by the natural mothers I talked with as unreliable, as was the expertise of the majority of medical staff. Meanwhile, their interactions with the latter were regarded by my interviewees as oppressive and as posing an obstacle to the implementation of natural parenting. In this setting, natural parenting communities became an important source of information and support for my interviewees.

## **2.3 COMMUNITY**

For the 'natural' mothers I interviewed, the communities of natural parents became both the agents and the site of the natural-parenting knowledge provision (Foucault, 1972: 50-51). As agents, these communities provide assemblies of people who produce and share natural-parenting information

(ibid.: 50). As sites of knowledge formation and distribution, they provide a meeting space online, and offline spaces for discussion, knowledge exchange, and its elaboration (ibid., 51):

*A: It's really cool that this global mothers' community exists based on this naturalness, breastfeeding, slings, and so on. Later, I developed a formula that when I arrive in a new city and don't know anyone at first, I find these mothers – mothers who support these ideas [of natural parenting].*

*Q: Is this mothers' community in real life or virtual – on the net?*

*A: Both. (Serafima, 32, four children, Vologda)*

In this context, a community refers to an association of people sharing the ideology of natural parenting and implementing its key practices. My interviewees described various subtypes – such as the global mothers' community based on this naturalness mentioned above – which differ according to their locale, location, and subject around which members coalesce to begin with. First, there are both online and offline communities. Second, there are communities built up primarily around slings, natural labour, or breastfeeding. Third, there are communities that are stationed or that have their bases in a particular place or organisation, and communities with no fixed location or affiliation. Finally, there are local, inter-city, and international communities.

My St. Petersburg and Moscow interviewees mostly referred to the local offline sling communities or – as they called them – sling get-togethers (*slingotusovki*), online communities devoted to slings, and the inter-city online community devoted to breastfeeding called Lyalechka. The sling get-togethers usually comprise local groups of women who have got to know each other via offline social networks and small local online communities devoted to baby-wearing, or the exchange or sale of slings. The members of these sling get-togethers arrange regular offline meetings and various activities like trips, excursions, and tea parties, which are attended by the mothers and their children. The sling get-togethers provided my interviewees with the opportunity to make useful acquaintances and to exchange information:

*My social networks have grown recently. I have several breastfeeding counsellors among my friends. So I don't need to pay [for consultations]. The first couple of months [after giving birth] I regularly contacted [...] my [...] friend [...] in order to share my thoughts [...]. I messaged her from time to time, called her, and asked something, not specifically to get to know something new, but more to get some support. (Irma, 36, two children, St. Petersburg)*

The members of sling get-togethers contact each other, and more skilled and knowledgeable acquaintances in particular, in order to obtain advice. These members usually either have older and/or more children or are acknowledged as sling and breastfeeding counsellors. In some situations, communities of this sort also helped me to verify the information my interviewees provided.

Another source of information for my interviewees was Lyalechka, one of the oldest communities in Livejournal (established on 15 March 2003) devoted to breastfeeding. Lyalechka is a Russian-speaking community and definitely inter-city since interviewees from all three cities who did not know each other referred to it. Moreover, this community is ostensibly international: even though it functions in Russian, such big communities in Livejournal are usually used by Russian-speaking people living both in Russia and abroad. Some of my interviewees accessed Lyalechka during pregnancy and after giving birth in order to gain more information on breastfeeding. In addition, some natural mothers I talked to obtained practical advice in this way. For instance, Nancy's and Sasha's initial breastfeeding attempts were challenging, and neither of them saw a breastfeeding counsellor face-to-face. Both of them obtained recommendations through Lyalechka, which helped to overcome the problem.

*There is big support in Lyalechka. [...] So if you go there with a problem, you'll definitely be helped and no one will judge you. This supports [my] natural parenting most of all. (Sasha, 37, two children, St. Petersburg)*

In the meantime, my Vologda interviewees were mostly members of local offline communities. These Vologda communities usually comprise groups of people who coalesce around two courses for mothers-to-be and new mothers, and a person who assisted one of these courses but who was also active outside of the course settings, namely Daria.

One of the courses is provided by a church community and partly organised by the above-mentioned Serafima, who is a Presbytera — the wife of a priest belonging to the Russian Orthodox Church. Serafima *volunteers and carries out some administrative duties for a small consideration* (Serafima, 32, four children, Vologda). As an administrator, she accepts people onto the course, communicates with lecturers, and plans the schedule. Since the course is free of charge for participants and lecturers are not paid, while both students and guest speakers have children and might have their various commitments, scheduling requires Serafima's active involvement and flexibility. The guest speakers are both specialists and laypersons, but nonetheless experienced women who share their expertise with mothers-to-be on various issues such as breastfeeding, slings, and labour. Some of the lectures are given by activists



of the YXM club and its leader Antonina, and aforementioned Daria. Apart from the course for mothers-to-be, Serafima and her associates run a family church-based club project. The objective of the club *is to provide mothers [...], fathers [...], grandmothers and other* relatives of the child with a place for conversation and get-togethers, small concerts and tea parties. Participants can attend the meetings with their children. The club, as well as the course, is characterised as Orthodox, and hence participants discuss Orthodox family traditions (Serafima, 32, four children, Vologda).

The second Vologda course, popular among my interviewees, is arranged by the non-governmental motherhood centre, founded in 2006, which I will refer to as YXM in order to safeguard its members' anonymity. The course is aimed at educating mothers-to-be and providing them with information on pregnancy, labour and childcare. Apart from this course, the centre offers a course for heterosexual couples, which includes information oriented towards fathers and their role, and which provides group and individual consultations by psychologists, breastfeeding counsellors and sling counsellors. From time to time, it also arranges public lectures by guest speakers, such as Galina Chervonskaya, the most prominent activist and expert affiliated with the anti-vaccination movement in Russia. The centre also sells breastfeeding clothes<sup>15</sup> and various types of slings.

The leader and director of this centre is Antonina, a 38-year-old mother of two, who is currently a member of the Vologda Public Chamber. Antonina and her centre actively promote almost all of the natural parenting practices: natural labour, long-term breastfeeding on demand, baby-wearing, anti-vaccination, and natural infant hygiene. She regards other practices as unnatural and therefore damaging. For instance, Antonina argues that nappies and vaccinations cause cancer and infertility among children. The interview with Antonina was significant for my research since it reflected her position as an official proponent of natural parenting and the director of a mothering centre, and hardly touched upon her personal experience of mothering. Antonina is a prominent figure in the Vologda natural-parenting community, assuming one of the leading positions due to her activities and resources. When responding to a question about the sources of funding for the centre, Antonina said that it functions thanks to donations by course alumni. However, as course participants are invited to donate 200 roubles for the whole course (approximately 2.7 euros), while the centre is located in a historical area comprising wooden houses in Vologda not far from the Vologda Kremlin, I doubt or at least question alumni donations as a major source of financial support and suspect some other, probably private investments. The interview with Antonina provided insights into the way in which natural parenting could be framed by someone acknowledged by my interviewees as an expert in the parenting model under study. It revealed how those entitled

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<sup>15</sup> Breastfeeding clothes are specifically designed and tailored to make the process of breastfeeding more convenient for women, without them having to remove the upper garment.

by their position in the natural-parenting community and in society in general to speak about natural parenting and to promote it talked about the parenting model. It also showed how natural parenting could potentially be intertwined with patriotism, nationalism, neo-traditionalism, and criticism of the state at the same time.

Antonina articulated the major goal of her centre as the revival of a positive maternal experience and family values, geared towards health provision for children (Antonina, 38, two children, Vologda). By family values, Antonina meant a close-knit family, mutual sympathetic understanding within the family, respect, love, and harmony between spouses.

*We lack an interest in making families – people are not taught how to do this. So when they come to us, they are already pregnant and mothers with children. At this stage, more work is needed to revive the positive maternal experience which allows a mother to stay calm, balanced, harmonious and, as result, to bring up a fully fledged baby [...]. This is one of the family values that makes a family more close-knit. Because when a woman is at one with her child, when she knows what to do with her child, she is calmer, more balanced, and would like to repeat this experience several times. As a result, more children are born. [...] When a husband sees that there is a baby who doesn't cry, a wife who gets enough sleep thanks to breastfeeding [...] he [the husband] is more balanced, and his wife is more harmonious. So when they have a positive experience with the first child, they would like to repeat it. Meanwhile it [the parenting experience] is negative in the contemporary world. (Antonina, 38, two children, Vologda)*

The quoted narrative on family values broadly corresponds with the contemporary neo-traditionalist state discourse on the family. As discussed in the Introduction, the Russian state attaches the highest value to the family and sees the heterosexual adult couple living in a registered marriage with children as normative. Antonina also saw the heterosexual couple (*a husband, a wife*) with several children as the desired norm. She regarded this norm as being both challenged and challenging at present (*[the parenting experience] is negative*) because of the disruption in the flow of knowledge about the family unit (people are not taught).

*The loss of values, family values and the art of mothering is ongoing due to the fact that we are rounded up in cities, caged up in separate apartments, cut off from kin. The kin networks are lost. Before the Great October Revolution we lived among close-knit kin – everybody [lived] in one place, grandmothers, grandfathers, aunts, uncles. [...] [women] saw how to give birth, [...] a child felt safe because there were*

*relatives around her who cared for her [...]. The city is a structure where this separation takes place, causing loss [...]. There was a time when people were sent to work in different places in Russia. Imagine a woman, she is alone, she has given birth [...] she sits in this cage – a city apartment, she is constantly stressed. She needs to go outside, just to have a chat with somebody, but she can't do this in a city apartment: she needs to get ready to leave the house, to put clothes on [...] this problem is unsolvable in the city. (Antonina, 38, two children, Vologda)*

From Antonina's point of view, the institution of the family had its golden age before the October Revolution (1917) led by the Bolsheviks. During this period, multigenerational complex families (grandmothers, grandfathers, aunts, uncles) whose members resided together provided women and children with a feeling of safety and integrality. Antonina argued that the family's golden age was discontinued by forced urbanisation and geographical mobility, which indeed escalated in the first half of the twentieth century (Razhbaeva, 2004), leading to nuclearisation of the family. Antonina contrasted the countryside with modern cities, which she saw as the quintessence of capitalism: the city is a structure which is about money, not about life, not about family. This perception revealed Antonina's critique of capitalism and the essentialisation of the family. For Antonina, the rapid transformations in Russian society in the 20th century and the final establishment of capitalism at the turn of the 20th century had destroyed the balanced social order and worsened women's position as mothers.

According to Antonina, this transformation and nuclearisation of the family cut a woman off from the 'traditional' support of extended kin and put her in a challenging disadvantageous position:

*She [a woman] tries this, this and that, her child cries, she suffers [...], [her] husband comes home tired after work and she is tired of housework too because she doesn't have any help; she wants her husband's support. But he's the breadwinner; he'd like to have a rest, which is natural. So the conflicts start [...] But if she learns how to behave with a child, she'll perform better at home. At the same time, she'll understand: 'I don't need to keep everything spick and span now because I have a child'. She'll learn how to co-exist with the child, learn to keep house while having a child without being frustrated. (Antonina, 38, two children, Vologda)*

In talking about the necessity to educate women and share the art of mothering with them, Antonina demonstrated conservative views on gender and family. She actively promoted the very radical idea of the mother's primary responsibility for childcare and the father's role as the breadwinner.

However, she also elevated the mother's responsibility for childcare over care of the home (she'll understand: I don't need to keep everything spick and span now because I have a child), which is a considerably novel approach to women's duties. Historically, until the 20th century, female parenting was less valued than women's participation in housekeeping activities (Frieden, 1978; Mironov, 2003).

Antonina's conservative position was also revealed in her outspokenly critical narratives on assisted reproductive technologies, smoking and the consumption of any amount of alcohol (especially by women), abortion, and sex education:

*Man started to interfere in the process of conception. [...] Man started to inoculate artificially, depriving a child of developing naturally. So man plays God [...]. They permitted abortion [...] which entails the murder of children. Mass alcoholisation of the population is taking place. I mean even one alcoholic drink prevents a woman from giving birth to a healthy child. [...] After a heavy bout of vodka-drinking, a man's sperm takes three years to recover. A woman's reproductive cells [gametes] never recover. So they [a man and a woman] are already unhealthy and then they even go in for artificial insemination. [...] And if a child is conceived artificially, it is like, you know, if you take a seed, bite it, immerse it in vodka, then cut it, [do] something else and then plant it in the soil. Just imagine what kind of tree will grow. It's a tree that will never be strong. In nature, a defective object cannot survive, but not because nature is unthinking. It creates everything for the purpose of strengthening the genetic code. Yet we have such weakened humans coming into being. (Antonina, 38, two children, Vologda)*

Antonina was also explicitly negative about homosexuality, using derogatory terms when talking about homosexuals. She regarded homosexuality as a product of the alien American culture, which she saw as normalising non-heterosexuality, and as providing misguided childcare:

*I have nothing against America, but their movies are simply about homosexuality [homosexualism<sup>16</sup>], sex, perversions [...] I have a vomiting reflex when I see such movies. [...] schoolchildren having sex, but there is even worse: gay pride parades [...]. People watching consider it the norm. [...] We started talking here about tolerance,*

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<sup>16</sup> The term 'homosexualism' is an archaic term in Russia, which was previously in active use in both public and medical discourse. The term is actively criticised for being stigmatising in contrast to the term 'homosexuality' (Voroncov, 2004).

*about people, as they say, with a non-traditional sexual orientation<sup>17</sup> and so on; this is actually a problem [result] of nappies in particular. Sure, there are some other factors, like, for instance, children are often treated with rectal suppositories,<sup>18</sup> and sometimes they are prescribed these for a long time, and they develop a desire. Actually, we build up all our desires in early childhood [...] and later it results in a relationship with the opposite sex. (Antonina, 38, two children, Vologda)*

Despite her conservative position regarding many gender and sexuality-related issues, Antonina was in favour of men's active involvement in household duties in order to support mothers, and promoted this in her centre through educational courses and consultations for parents-to-be:

*A husband who is taught to help will assist his wife to fulfil the female duties, in the same way as a grandmother would: cooking, cleaning, doing laundry, I mean at those stages when a woman, for instance during the first three months [after childbirth], is preoccupied with the child. A man who is taught about these family values, in this particular case, will help a woman and will understand that there is no other way. As a result, the marriage will be saved. But when people live without knowledge, yes, our men are likely to think that after a woman has given birth, she does nothing. But when a child is born [...] she suckles, needs changing, sleeps [...] non-stop. A woman is with the child constantly. (Antonina, 38, two children, Vologda)*

Antonina's views on a father's involvement in household activities were noteworthy because of their ambiguity. On the one hand, she advocated more gender-equal families, arguing that a father could and should tackle household chores at least on a temporary basis. On the other hand, Antonina's position was far from egalitarian. She characterised everyday household chores as female duties and the father's role as providing help. For her, a father who takes care of household duties effectively replaces a grandmother (in the same way as a grandmother), who is absent because of family nuclearisation and the urban way of living. Moreover, Antonina admitted that a father's help is temporary and necessitated by the mother's need to concentrate on her newborn. Thus, even though Antonina and her centre encouraged paternal participation in housekeeping, they still essentialised mothering.

Summing up, Antonina's narratives disclosed how natural parenting might be potentially entangled with conservatism and a neo-traditionalist

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<sup>17</sup> Russian neologism for homosexuals.

<sup>18</sup> In Russia, many anti-febrile and laxative medicines are produced not only in the form of syrups or pills but also in suppository form in order to ease administering them to an infant.

nationalist political agenda. Within the framework of the conservative and nationalist paradigm, natural parenting could be seen as a tool or a remedy for the revival of multi-child families and a traditional gender order destroyed by foreign perversions such as homosexuality, for instance, and a human being's departure from nature and traditions. In the meantime, the multi-child and extended heterosexual families, as well as the traditional gender order, are presented by the conservatives as unproblematic and favourable for everyone. However, it is worth noting that Antonina was the only interviewee for whom natural parenting was tightly bound up with her conservative position regarding most of the issues. The vast majority of natural mothers I talked with did not take such a strong conservative stance as Antonina, including those of my interviewees who attended her courses.

The role of the YXM centre is significant in Vologda. All my Vologda interviewees either knew about it or accessed its services. Some of them said that the YXM courses provided them with comprehensive information about natural parenting:

*I attended a YXM course here in Vologda when I had my first child, so it was here that I started [natural parenting]. I didn't attend any other courses. They provided almost all of the basics. (Tina, 35, three children, Vologda)*

The courses arranged by the YXM centre also provided my interviewees with emotional support and encouragement in their parenting style:

*I talked to Antonina and she encouraged me. (Paraskeva, 32, one child, Vologda)*

This emotional support and encouragement is an important aspect of the centre in light of the general public's non-acceptance of natural parenting in Vologda, and of the members of the YXM centre in particular. According to some of my informants, natural mothers had been ostracised and demeaned:

*YXM was not popular. We were described as a sect, as being weird [...], when women with slings walked past, they were called gypsies and so on [...]. This stereotype was never overcome. [...] I'm happy I was where I needed to be [at this centre] at that moment. (Elina, 36, one child, Vologda)*

Although the YXM centre played an important role for Vologda natural parents as one of the major sources of informational and emotional support

and the promoter of all of the practices of natural parenting, some of its members decided to follow only some of its recommendations. While acknowledging the significant contribution of the centre to their parenting, several natural mothers I talked with chose to implement certain parenting practices and to avoid others:

*A: As for vaccination, we believe that it's necessary.*

*Q: Did your children have all the vaccinations?*

*A: Yes. We didn't have any problems. One child had a slight fever, but this is normal. Everything was fine, there was nothing bad. I read about the vaccination resisters, but I also read that immunisation should be done and decided to go ahead.*

*Q: Why?*

*A: I can't trust those who reject vaccination. They rely on those facts when the immunisation has been carried out and there is some adverse effect afterwards. So they scare people with these adverse effects: 'They took the injection, and the reaction was bad.' [...] And the evidence for vaccinations being evil is missing, or like they [the vaccines] contain mercury [...] I think they do [contain a trace] but it doesn't influence the organism so much. I don't believe that. I read Tsaregradskaya,<sup>19</sup> but I wasn't convinced. It draws a picture of medieval times, saying that they [vaccines] were invented for money. I don't get why a state would pay out money for vaccinations if they were so evil. It doesn't seem logical to me. And then you listen to a doctor who says that people didn't vaccinate their children against whooping cough, stopped vaccinating, and then the children suffered from whooping cough, and people didn't know how to treat it. The vaccine exists for a reason [...] It's better to vaccinate and not get a disease. (Ulyana, 27, pregnant, two children, Vologda)*

Ulyana's case revealed that knowing something and having specific knowledge (of natural parenting in this instance) does not automatically imply the realisation of this knowledge. Ulyana not only attended the courses for mothers-to-be and lectures at the YXM but also worked in the centre performing some administrative duties. She was the one who recommended that I should talk to Antonina. Finally, she gave me an interview on the YXM premises after work when all the other employees and visitors had left. Ulyana seemed to be very loyal to the centre and its ideology. However, she did not

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<sup>19</sup> Zhanna Tsaregradskaya is one of the most famous proponents of natural parenting, an active promoter of natural birth, and anti-vaccination in her views. She was also a founder of the Rozhana prenatal centre, where various training sessions on childcare and childbirth were held. Employees at the centre also assisted in home birth.

support the anti-vaccination stance it promoted. It contradicted her worldview and basic assumptions about the social order (why a state would pay out money for vaccinations if they were so evil). She found the position adopted by the medical workers more convincing, and the consequences of non-vaccination more risky and disturbing. In other words, the views promoted by natural parenting in regard to immunisation conflicted with Ulyana's knowledge of the world around her. Her attitude towards immunisation and her non-acceptance of YXM's anti-vaccination stance as well as the choices made by my other interviewees raise a question about the correlation between basic natural parenting ideas and my interviewees' general knowledge about the world in terms of potential risks. In the next section, I will analyse how my interviewees comprehended these risks, what they considered risky, and how and why they acted in regard to actual and potential risks.

## 2.4 NATURAL AND ARTIFICIAL: RISK MANAGEMENT

As discussed, my interviewees admitted the superiority of Nature and its Grand Design. They appreciated it as a supreme force that created everything for a purpose. Yet they also regarded the natural creations and processes as fragile. For my interviewees, natural effects, processes and products were ideal, perfect and highly appropriate for a human being, but they were also incredibly delicate and could easily be damaged by artificial things and practices, human activity and interventions. Therefore the course of Nature and its processes should not be disturbed or disrupted without good reason:

*Generally, labour is performed with muscles and regulated by hormones [...] the brain gets interfered with via a medical protocol [...] I imagine these micro-doses of hormones regulate this process. I definitely don't understand for what reason someone should go at it with a hammer-tor.<sup>20</sup> (Agata, 40, one child, Moscow)*

The idea of Nature's fragility becomes highly visible in the narratives on labour, a child's immunity and health:

*Natural immunity is generated in response to globulins, proteins, something like this. It seems to me that it's such a delicate system that an intervention is not worth the effort. [...] It's no good beating it to death with injections ... It hasn't been investigated yet, the*

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<sup>20</sup> Hammer-tor is a Russian neologism, meaning 'something big, bulky, heavy. Usually it is used to designate some instrument or device' (Kuvaldometr, n.d.).



*consequences are not clear. So I think it's better not to take the risk.  
(Anna, 26, three children, St. Petersburg)*

Agata's and Anna's narratives perfectly illustrate the view shared by the vast majority of my interviewees that Nature's mechanisms are tremendously delicate. In the opinion of the natural mothers I talked to any intervention is ostensibly dangerous since it could destroy nature's course and lead to unforeseen consequences. While natural processes and their outcomes are considered to be known, prominent, and broadly positive, regular interventions that have been practised for a long time in many post-industrial societies (e.g. vaccination) were treated by many of my interviewees as risky and as causing unexpected results. These widespread narratives about 'natural' being superior yet simultaneously delicate and fragile reveal two things.

First, they reveal the natural mothers' general awareness of contemporary technologies and medical interventions. In expounding on the subject of what constitutes natural and artificial, my interviewees used the language of science and medicine – micro-doses of hormones, globulins, proteins – and their narratives reiterated the wording in medical/scientific discourse. Hence, the way my interviewees talked about 'natural' shows that while they were reluctant to resort to 'artificial' options, they were familiar with artificial substitutes and had a general idea of how they function. Thus their vigilance and apprehension towards medical interventions and technologies did not stem from a blind fear of something absolutely unknown (and new), but merely displayed caution towards something deemed suspicious because it did not derive from nature.

Second, the narratives about health and 'natural vs artificial' disclose the specificity of the natural parenting approach to the body and immunity, which becomes enormously apparent in the discussions on vaccination and medical treatments. While not all of my informants were vaccine resisters, quite a few either did not immunise their children or consciously postponed vaccination for an indefinite time. Also, many of them stated that they tried to avoid treating illnesses with antibiotics for as long as possible. The reason for these decisions was my interviewees' adherence to somatic individualism and the recent concept of an 'organism's essential openness to the environment' (Hausman, 2017: 292). Somatic individualism is one of two major bio-political modes represented in many post-industrial societies today. It 'emphasises the individual as an ethopolitical agent managing his or her unique somatic needs' and resists another mode – biosecurity, which implies 'the power of the state to protect its citizens through population-based strategies enforced by law' (Hausman, 2017: 285). Within the framework of somatic individualism, the immune system and bodies are seen as active, flexible, agile, and continuously trained by external stimuli from the environment. In this vein, it is believed that immunity is able to respond to the challenge of disease (Hausman, 2017).

Some of my interviewees, who can be characterised as espousing somatic individualism, clearly articulated this idea in their narratives:

*During the first year of a child's life, the immune system is trained. If immunity is crushed by these antibiotics and 'heavy' composite medications, then, in my opinion, it [immunity] could easily be ruined. (Anna, 26, three children, St. Petersburg)*

In the meantime, the biosecurity mode relies on the immunitary paradigm, which sees immunisation as a prophylactic and purposeful practice (Hausman, 2017) that 'saves, insures, and preserves the organism, either individual or collective, to which it pertains' (Espasito, 2008: 46). The representatives of this mode, such as public health officials, consider immunity to be the result of immunisation and see infectious diseases as an abruption of the state biosecurity (Hausman, 2017). For this reason, Ulyana, quoted in the previous section, could be characterised as a partial follower of the bio-security mode since she saw the state as an actor that protected its citizens by providing mass immunisation (*why a state would pay out money for vaccinations ...*).

The idea of the body's capability to be trained and to handle many challenges, framed by beliefs in the superiority of Nature's Grand Design, is relevant not only for infectious diseases but also for a process such as labour. For instance, this is how Tanja described her preparations for a home birth:

*I exercised throughout the pregnancy. I swam in a pool, dived, stretched, and had fitness training sessions for expectant mothers that lasted an hour and a half each time. So physically, I was absolutely prepared for the effort of labour. (Tanja, 36, one child, St. Petersburg)*

Another significant trait of somatic individualism is that, within this bio-political mode, 'the management of risk is individualised, and the make-up of our bodies, and not just their conduct, has become the subject of technologies of the self' (Braun, 2007: 14, 17, quoted in Hausman, 2017: 286). Meanwhile, within the framework of the biosecurity paradigm 'some subjects must be controlled externally; they cannot be trusted to govern themselves because the threats to others are too significant' (Hausman, 2017: 286). In the narratives of my interviewees, this difference was conceptualised in terms of systems. Medical staff and conventional medicine were seen by my interviewees as a different system: I asked her to call a doctor [...] there was a gynaecologist from **the system** [here and subsequent emphasis added] (Serafima, 32, four children, speaking after a home birth); many doctors use an alternative, [...] I don't trust people or **the system** (Emilia, 39, two children, speaking about

medicine in Russia); there was a woman who had taken a course [...] but she understood that **the system** does not need it [pointing to a less medicalised approach to pregnancy and labour] (Galina, 35, three children, speaking during maternity care in Vologda).

The medical workers, as representatives of a biosecurity mode or a different system, were seen by the natural mothers I talked to as acting in accordance with schemes and patterns which do not take into account the specificity of a particular patient and her situation:

*It seems to me that doctors work according to a scheme; but maybe I am that kind of person who might not fit into this scheme. They [doctors] do not like anything which falls outside the frames of the scheme and try to make everyone fit into it [...] Giving birth at home is calmer. No one pressures you, no one expects anything from you timewise and, what is important, you are allowed to feel for yourself what is going on inside you. (Bella, 42, two children, St. Petersburg)*

My interviewees regarded contemporary Russian medicine as a 'one-size-fits-all' approach. Many natural mothers I talked with felt that this approach alienated them from the process of their labour and deprived them of their agency:

*All of my experiences with Alina [eldest daughter's birth] made me understand that they [the doctors in the maternity hospital] hindered me from giving birth [normally] [...] they started all this process artificially and it went as it went. But I didn't understand that at the time. Later, I actually started reading and realized that they had accelerated the process here and there [...] So I understood that I had an atypical birth pattern, and that it didn't fit into this birth unit's standards. (Zoya, 37, three children, St. Petersburg)*

My interviewees would have preferred to exercise control over the labour process (and some of them actually did through the practice of natural birth). They were oriented towards being an active subject in this process and managing their labour:

*I wanted to give birth by myself [with no assistance and/or interference]. [...] giving birth without feeling the baby, without feeling a part of the process [...] this seemed wrong to me. (Katja, 36, two children, Moscow)*

From the point of view of my interviewees, the lack of maternal control over labour was potentially dangerous for the child since only the mother could feel and interpret her bodily signals correctly and duly ensure the process was going well. The mother's loss of such control potentially implied extensive medical interventions which, as already discussed, were considered to damage the primary and therefore safe natural process:

*[...] some of the girls called it 'snail': if one medical intervention occurs [during labour], it entails a second, a third, a fourth [...] there would be more and more [interventions]. (Galina, 35, three children, Vologda)*

However, the individualised management of risks and my interviewees' desire to control labour did not imply their absolute rejection of interventions and medical workers' recommendations in the process. Some of my interviewees consciously chose to limit their agency in order to secure a good outcome. For instance, Rita, a 39-year-old mother of three, twice agreed to the caesarean section recommended by her doctors.<sup>21</sup> The first C-section was recommended because of Rita's slow labour, while the second was advised due to the scar caused by the previous caesarean and a multifetal pregnancy.

*I think that my caesarean sections were medically justified [...] As a person who has been on a long path [to motherhood] and who didn't get the desired result instantly, I wasn't inclined to panic and say: 'Oh! I won't fulfil my dream of a natural birth! Oh, I'll have an additional scar'. I didn't care as long as the child was healthy. (Rita, 39, three children, St. Petersburg)*

In Rita's understanding, a natural birth entailed some risks for her and her children. Her position was based not only on the medical recommendations she received but, more importantly, on the fact that her body had already revealed its inability to function 'correctly': all of Rita's children had been conceived by assisted reproductive technologies. Since both of Rita's pregnancies were possible due to contemporary technologies and medical assistance, she decided not to diverge from her 'path to mothering' by choosing a natural birth. It was important for Rita to achieve the desired result – healthy babies – and she saw full-scale medical assistance and supervision of her pregnancy and labour as guaranteeing this.

Another interviewee – Julia, a 31-year-old mother of one – opted for labour in a maternity hospital over a home birth because she also saw the absence of medical monitoring and assistance as potentially risky. Julia's point

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<sup>21</sup> Rita's younger children are twins, and hence she gave birth only twice.

of view stemmed from the traumatising experience of her first pregnancy – her first child died in utero and was stillborn. Julia thought that this could have been avoided if she had communicated more with doctors instead of trying to minimise the encounter with the healthcare system.

*[...] During this [second] pregnancy I tried to strike a balance [...]: not to actively visit doctors, not to take everything [medications recommended for pregnancy], not to react to everything and, at the same time, not to screw up this pregnancy. I was eager to give birth myself, but I see that the human brain is quite limited in that it can't foresee and get everything, and do it all at the same frantic pace that labour usually demands. (Julia, 31, one child, Moscow)*

During Julia's second pregnancy, the doctors discovered the problem that had led to the catastrophe the first time and which might have had an adverse impact on Julia's second child and on herself. According to the doctors, this problem required medical supervision and a caesarean. Unwilling to take any risks, Julia agreed to the operation.

Afina, a 37-year-old mother of two, pregnant for the third time at the time of the interview, also represented an interesting case of individualised risk management specific to somatic individualism. She gave birth to her elder son at Vologda maternity hospital, while her middle child was born at home (the birth was assisted by a midwife). Usually, those of my interviewees who had already had a positive home-birthing experience (like Afina) decided to deliver subsequent children at home as well, either assisted by a midwife or with no assistance. Yet Afina told me that she was going to give birth for the third time at a maternity hospital:

*I'm not an adherent of the fanatical approach to natural parenting and everything. You need to think for yourself. For instance, during the second pregnancy I felt from the very beginning that I would give birth at home [...] I understood that a woman should be able to make up her mind to have a good labour, but not necessarily a home birth. Since I know those who had a bad home birth, and those who had a good delivery at a maternity hospital. [...] So you need to see how you feel. I was younger the second time, but now I have problems with my kidneys, with my ovaries, and I don't feel as good as before. (Afina, 37, two children, pregnant, Vologda)*

Afina's opinion that you need to think for yourself corresponds with the main idea of natural parenting, which states the importance of a mother's attentive attitude towards and awareness of her own body (Odent, 1984). Based on her bodily feelings, Afina decided that it would be better for her to give birth at a

maternity unit since she did not feel that she was in good enough physical condition to have her baby at home. At the same time, Afina implicitly acknowledged that delivering in a medical institution would be safer and less risky.

While some of my interviewees chose to give birth under the control and supervision of medical staff (and some of them even agreed to a hugely medicalised delivery via caesarean), others decided to vaccinate their children. The decision to vaccinate (or not), as well as the choice of medically assisted labour, was based on a comprehensive risk assessment by my natural mothers:

*I know statistics, I have seen statistics, I definitely know how to read the literature [...]. Nowadays there are a lot of migrants who came from countries where immunisation is most likely not regulated. We travel a lot. [...] The risk for an unvaccinated child to get sick is higher now. [...] So if we compare probabilities, in terms of probabilities immunisation is naturally safer. (Elena, 42, three children, Moscow)*

Elena, a 42-year-old mother of three, decided to vaccinate all of her children because she considered immunisation to be safer than contracting diseases. Elena's trust in vaccination was based on her general trust in science and statistics, which stemmed from her professional activity as a top manager in a big marketing company and her work with research. She 'understood' the language and arguments of the conventional medicine and biosecurity paradigm (*I know statistics, I have seen statistics, I definitely know how to read the literature*) and did not believe in medical approaches other than conventional ones. For instance, when speaking about her attitude towards homoeopathy as one of the most popular practices among natural mothers, she said: *It's a firm no to homoeopathy. I'm a quant*<sup>22</sup> [laughs]. This is all about numbers, so it's an immediate no. Elena evaluated the risk of contagion from diseases controlled by mass immunisation as significantly high in the context of contemporary Moscow. The major source of infection, according to Elena, was labour migrants from countries where mass immunisation was almost non-existent. With this statement, Elena was referring to the issue of migration to Russia and Russian public discourse on healthcare system problems in the post-USSR countries.

Russia is currently one of the major destinations for both legal and illegal workers in Europe. The majority of migrant workers are from post-Soviet countries such as Ukraine, Uzbekistan, Tajikistan, and so forth. The majority stays in Moscow, the Moscow oblast and St. Petersburg (Chudinovskikh, Denisenko, Mkrtchan, 2013; Finmarket, 2013; Kolichestvo migrantov, n.d.). In the meantime, according to mass-media news reports, post-Soviet countries regularly face outbreaks of diseases that are prevented

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<sup>22</sup> A quant is an adherent of, or a researcher working with, a quantitative methodology.

in Russia by mass immunisation, such as measles, polio or meningitis (Markina, 2014; Berishvili, 2018; Komarovskiy, 2018). The contemporary Russian healthcare system covers free prophylactic immunisation against diseases included in the state vaccination protocol: hepatitis B, tuberculosis, pneumococcal infection, diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella, and mumps (Federal Law N 157-FZ, 1998; Order of Ministry of Public Health N 125n, 2014). The majority of these vaccinations are administered to Russian citizens from birth up to two years. Re-vaccination is also carried out during this time and later. If a child has contra-indications, immunisation could be postponed or withdrawn. If the child's legal representative (e.g. a parent) signs the informed refusal document, immunisation is not given (Federal Law N 323-FZ, 2011). Russian citizens can be vaccinated both free of charge in public healthcare institutions and on a paid basis in public and private licensed medical institutions. They may also be immunised on a paid basis against diseases not listed in the state vaccination protocol, such as chickenpox and human papillomavirus.

Another interviewee, Rita, also had her children vaccinated, attributing her decision to the problem of migration from post-Soviet countries. She specified that she did not live in the countryside [...] somewhere remote on the Ladoga coast, and that her children were in proximity to children from fraternal Tajikistan. From Rita's point of view, life in a big city (St. Petersburg) implied multiple unexpected encounters with various diseases transmitted by Others (immigrants) and therefore called for vaccination as a safeguard.

At the same time, Natalia, a 30-year-old mother of one residing in Moscow, did not have her son vaccinated. She regarded the possibility of his being infected as slim since he did not attend daycare and therefore his contacts with other people were limited and under the constant control of his mother. Nancy, a 36-year-old mother of two boys from Moscow, who decided to stop vaccinating her children, distinguished between 'serious' (or highly dangerous) and 'less' dangerous diseases. From Nancy's point of view, the former particularly concerned encephalitis, and the latter the flu. While Nancy thought vaccinating against 'less' dangerous diseases was incredibly stupid, she did not regard immunisation against encephalitis as necessary since her family did not reside in an endemic region of Russia such as Siberia.

The classification of diseases as 'more' or 'less' dangerous, either explicitly or implicitly, was common among many of my interviewees. The most dangerous diseases, according to the majority of natural mothers I talked with, were those leading to death or severe disability, such as polio and tuberculosis. Immunisation against these diseases was seen as 'acceptable' for most of my interviewees. The perception of various diseases as being 'more' or 'less' dangerous as well as the attitude towards immunisation depended in large part on my interviewees' background and experience. While the aforementioned Elena trusted conventional medicine in Russia since she was familiar with statistics, Olga, a 38-year-old mother of two, mistrusted the Russian healthcare system and official data:

*Actually, I'm more inclined to believe in a global conspiracy than in people's words. No one presents the statistics. You know, when you don't see normal statistics, you end up overreacting to the other side. (Olga, 38, two children, Moscow)*

The disbelief in official statistics and consequently the argument for immunisation might be both 'innate' (in the sense that the person could not define the origin of such disbelief, like Olga) and 'acquired', caused by a regrettable encounter with a medical institution. For instance, Nancy's experience of polyclinics after the vaccination of her elder son destroyed her trust in the system:

*Then the nurse called me. I said: Diarrhoea. She said: It can't have anything to do with the vaccination. So after this, I don't believe in any vaccination statistics, if they don't even write down the simple side effects as indicated in the directions for use. It can't be such a coincidence that my son had diarrhoea twice right after the hepatitis vaccinations. I don't believe this. I'm currently considering getting my younger son vaccinated against polio, but I'm afraid. (Nancy, 36, two children, Moscow)*

The refusal by the polyclinic employee to consider that Nancy's son's condition was an adverse effect of the vaccination, despite it being mentioned in the directions, and the failure to make a note of this on the patient card, made Nancy doubt the reliability of official data. As a consequence, Nancy changed her stance in regard to vaccination.

While some of my interviewees regarded being infected with a disease as more risky than vaccinations, others assumed the opposite:

*Truly, I respect antibiotics. I understand that even if my child is not vaccinated and catches an illness, the antibiotics will treat it. And the outcome will be less negative than it would be if the vaccination were given during the first year. (Valeria, 28, two children, St. Petersburg)*

Elaborating on the possibility of a child becoming infected, Valeria and some other natural mothers I talked with did not see this as the worst scenario since the consequences of catching an illness were reversible from their point of view. They admitted that contemporary remedies would help to treat illness, and that this would be less harmful than vaccination. Meanwhile, the idea of the health hazard posed by vaccination was 'confirmed' for my interviewees by



multiple stories of adverse immunisation effects circulating among the wider community of natural parents and by examples from among their acquaintances. For instance, Olga (38, two children) had a classmate who dragged his foot after being vaccinated against polio. Larisa's (37, one child, pregnant, St. Petersburg) husband's daughter contracted an allergy after being immunised at the age of two and a half: The girl is 12 years old and she still can't eat anything.

Besides labour and vaccination, my interviewees also approached the treatment of childhood illnesses differently. Many natural mothers that I interviewed chose to consult alternative medicine specialists (such as homeopaths, osteopaths, and aromatherapists) instead of certified doctors. The sociological and anthropological research on medicine in Russia reveals that alternative medical practices have become widespread in post-Soviet Russia, while osteopathy has even been partly integrated into the Russian healthcare system (Brown, Rusinova 2002; Goryunov & Khlopushkin; Vasilenko et al. 2011). Yet homeopathy has not been recognised by the conventional medicine (Sadykov 2013). The popularity of alternative medical practices in Russia is stipulated by the lack of public trust in healthcare, unequal access to high-quality medical services, and the low quality of the services provided by public medical institutions (Brown, Rusinova 2002; Aronson 2007).

My interviewees approached alternative medicine either as a major or as a complementary treatment method. However, neither option precluded consultations with state-certified doctors. The alternative medical specialists were regarded by those of my interviewees who consulted them as providing safer and therefore better treatment:

*I don't value the approach taken by traditional [official] medicine [...]. So our homeopath follows the [...] approach. When needed, we treat the illness with homeopathy at first. If the situation is serious, like pneumonia for instance, then it's better to take antibiotics. (Luda, 30, two children, Vologda)*

As already discussed, interviewees who espoused the idea of the superiority of Nature and somatic individualism considered the body and the immune system as perfect, agile, and able to resist disease. From their point of view, the majority of diseases were not actually dangerous but 'normal' – they just happened and the child would become more resistant when fighting them. According to my interviewees, the extensive medicalisation of illnesses was hazardous:

*Medication fights the symptoms and then worsens your general condition, so more harm than good is caused. (Mia, 42, two children, St. Petersburg)*

Indeed, extensive medical treatment was deemed to ruin the fragile immune system:

*And they treat everything with the antibiotics. Children are over-treated and this is scary: their immunity is demolished. (Afina, 37, two children, pregnant, Vologda)*

As a result, my interviewees preferred ‘milder’ treatment of illnesses with the above- mentioned alternative practices or traditional remedies (such as hot tea or honey) and phytotherapy. Another significant advantage of alternative medicine as far as my interviewees were concerned was its holistic approach to the organism in question, and its focus on the emotional condition of the patient:

*Homeopathy has a huge effect on the psycho-emotional condition [of a patient]. (Olga, 38, two children, Moscow)*

In contrast to alternative practices, conventional medicine was seen by my interviewees as not only using a universal one-size-fits-all approach, but also as being heavily focused on money. For instance, Emilia (39, two children, Vologda), who was quoted at the very beginning of this chapter, characterised the medicine used during the Russian Imperial era as being on the natural track, divine, and was critical of conventional medical practices for the following reason:

*[...] and these [medical] programmes based on fear, based on money – I’m against such medical care. [...] as soon as [Russian] medicine adopted the Western track [...] this is simply about money. (Emilia, 39, two children, Vologda)*

When talking about the Russian healthcare system in terms of having ‘adopted the Western track’ and being ‘about money’, Emilia implicitly referred to its post-Soviet transformation. While contemporary Russian healthcare is still free of charge and de jure accessible for all Russian citizens (Federal Law N 323-FZ, 2011) (as it was in the Soviet era), its orientation towards cost minimisation has become an important and visible issue of state

and public discourse. Emila's narrative also revealed the perception of the healthcare system in Russia as capitalistic. While the concept of the West might be used to describe various locations, in Russian public discourse it is used to designate post-industrial societies, usually Anglo-Saxon ones. Combined with the notion of money as a primary interest (based on money, about money), the concept of the West and Western implies a reference to neoliberal capitalist post-industrial societies, characterised by low social security, private insurance, and insufficient state support of their members (like the USA for instance).

In contrast to capitalist Russian official healthcare, alternative medicine was viewed by my interviewees as more human-oriented and benevolent. When discussing alternative medical practices, their proponents rarely touched on the financial issue. However, my data show that alternative medical practices are rather expensive. For instance, the average cost of an osteopathy session in Vologda is about 1,500–2,000 roubles (approximately 20–27 euros), while the average salary in Vologda according to official statistics is 34,818 roubles (approximately 442 euros) (Vologdastat, 2018). In Moscow and St. Petersburg, both prices and salaries are higher, but alternative treatment was still unaffordable for some interviewees, especially if it required numerous visits:

*A homeopath? No, we haven't consulted one. I have no money for them [laughs]. I mean it's expensive. I believe they might help, but I haven't tried them myself. I don't have any need for consultations, and seeking advice for no reason would be expensive for me. (Nancy, 36, two children, Moscow)*

While Nancy's family income prevented her from seeking the advice of a homeopath, Mia, a 42-year-old mother of two from St. Petersburg, found that her financial situation had an impact on her choice regarding labour. She had an unassisted home birth (solo birth) for her second child because her family could not afford the services of a midwife. While in Vologda midwives told their clients – my interviewees – to pay as much as they considered reasonable, in St. Petersburg and Moscow many midwives had a fixed pricelist for their services. Mia's case shows that the St. Petersburg and Moscow prices for domiciliary obstetrics were too expensive even for some well-to-do women.

*Q: Why did you decide to give birth [at home] without a midwife?*

*A: It wasn't that we decided [so]. Actually, we couldn't afford a midwife. Also, we didn't have time ... when we finally decided, we were in the advanced stages when midwives don't accept pregnant women.*

*So we didn't even try because ... actually, the main reason was that we didn't have the money. (Mia, 42, two children, St. Petersburg)*

As far as my interviewees were concerned, the commitment to alternative medicine did not rule out accessing traditional medicine. Those of my interviewees who addressed the issue of alternative medicine as a major form of treatment admitted that in some situations alternative medical practitioners might be unable to help. For instance Zoya, a 37-year-old mother of three who cured her daughter's pneumonia with homeopathy, said:

*If we break a leg, we'll definitely go to the accident and emergency department. We're not fanatics in regard to homeopathy. (Zoya, 37, three children, St. Petersburg)*

Those situations and cases seen by the proponents of alternative medicine as being worth consulting certified doctors about were characterised by a shortage of maternal expertise and experience, and the unavailability of a trusted expert – a homeopath, an osteopath, a midwife, or other practitioner. Such an expert might be either physically unavailable, or simply refuse to continue the treatment. For instance, Olga, an active adherent of homeopathy, had to call for help on two occasions. The first occasion was when she and her son were on holiday outside of Moscow and her son felt unwell. Olga did not have her homeopathic first-aid kit with her and could not reach her homeopath. She agreed to the injection of hormones and antibiotics recommended by the medical staff because she did not want to put her son's life at risk.

*I couldn't reach either my homeopath or the homeopathic ambulance. I kept losing my internet connection. So it was clear that I had no choice but to call a state ambulance. [...] I didn't want to take the risk. (Olga, 38, two children, Moscow)*

On the second occasion, Olga did not contact certified doctors. She had her homeopathic first-aid kit with her and she succeeded in contacting her family homeopath. The specialist gave her some advice and Olga's son felt better after taking homeopathic medicine.

## **2.5 CONCLUSION**

According to the natural parenting ideology, a mother has an innate and instinctive knowledge about how to care for her child. At the same time, the

key practices entailed in this parenting model – long-term breastfeeding on demand, baby-wearing and co-sleeping – are represented within the framework of its ideology as easy, pleasant, available to all, and natural in the sense that any mother has an instinctive drive to implement them. However, my findings challenge this argument and reveal the gap between the ideology of natural parenting and its practical realisation by my interviewees.

The analysis shows that my interviewees supported the dominant binary logic and saw ‘natural’ and ‘artificial’ as being at odds. They considered natural as being derived from Nature, and therefore normal and right. They perceived Nature as a wise creative force that is non-anthropomorphic and not equated to a god. Everything created by Nature was seen as a part of Nature’s Grand Design – made for some purpose and superior to anything artificial (created by a human or subjected to human intervention) – yet fragile at the same time. Human beings were appreciated by my interviewees as being a part of Nature and its Grand Design, but who could nonetheless significantly influence the world.

According to my interviewees, within the framework of Nature’s Grand Design, the major purpose of women’s reproductive organs was reproduction and the purpose of the breast was to nurture. While they did not elaborate on mothering as women’s ultimate or primary vocation, they problematised both the refusal and ability of some women to use their breasts and reproductive organs as intended. Any inability to follow the Grand Design of Nature was caused by a lack of knowledge on the part of the mother, or lack of effort, since Nature is perfect and cannot fail. These views on the maternal body not only essentialise mothering but also give the mother the sole responsibility for actual and potential personal and bodily failures.

Although the natural parenting ideology purports that mothers instinctively know how to care for their children, all of my interviewees espoused this parenting model after learning about it. After my interviewees became acquainted with natural parenting on the courses for mothers-to-be, via their social networks, or through reading, they started to acquire deeper knowledge about the parenting model and its practices. The knowledge they gained often differed significantly from the information and expertise provided by conventional medicine and women of older generations (the mothers and grandmothers of my interviewees). The childcare approach adopted by older kinsfolk and official healthcare workers was seen by the natural mothers I talked with as over-medicalised, as neglecting the child and her needs, and consequently as repressive and unnatural for the child. My interviewees did not consider the maintenance of high standards of hygiene by Soviet women under conditions of a significant shortage of basic fast-moving consumer goods as a form of intensive maternal care. For the most part, they saw the Soviet norms of childcare and healthcare, as well the norms of the contemporary Russian healthcare system in respect of pregnancy and labour as alienating mothers from their agency, control over and emotional bond with the child.

Unable to rely on the expertise of older kinsfolk and conventional childcare professionals, yet being in need of knowledge, my interviewees sought support in the local and intercity offline and online communities of natural mothers. These communities provided my interviewees with the necessary information and the transmission of knowledge between them and more or less skilled natural-parenting followers. The communities became a reference group for the natural mothers I talked with and supported their implementation of key natural parenting practices both emotionally and in practice. The natural mothers' communities often included experts on major natural parenting practices, whose expertise was acknowledged either by the community itself or by organisations promoting the parenting model and its elements (e.g. La Leche League). These experts both gave recommendations and provided physical assistance for women in need. Over the course of time, some of my interviewees were acknowledged as experts in the communities.

Despite the adherence to the idea of 'naturalness' and its thorough implementation in everyday life and in some acute situations, my interviewees often resorted to what they perceived as 'unnatural' traditional medicine. Their search for conventional medical assistance in emergency cases and juggling between alternative and conventional medical treatments showed the implicit perception of Nature's limits in relation to natural mothering. It also revealed the discrepancies and cracks associated with the natural parenting ideology. If anything artificial is potentially damaging or harmful for Nature's Grand Design, while the latter is considered superior and perfect, why does 'artificial' medical treatment become acceptable or even essential in certain cases? The search for conventional medical treatment by my interviewees either implied that Nature actually does have some limits and is not absolutely perfect, or that artificial is not always damaging. Both options question the ideological conflict between natural and artificial in relation to natural parenting and the idea of Nature's superiority.

Finally, the way in which the number and character of various resources available to my interviewees correlated with their strategies for dealing with health issues revealed a noteworthy phenomenon. Those who could afford costly alternative medical treatment but who did not trust conventional medicine chose to support the 'natural' state of the body and to handle any breakdowns caused by diseases with alternative medical practices. In actual fact, they swapped family doctors for family homeopaths, osteopaths, and midwives. In the meantime, those who lacked economic resources faced the dilemma of either resorting to conventional medicine, which functions in an 'unnatural' biosecurity mode, or dealing with health problems by themselves with no external support. In the first case, a potentially risky situation was mediated by and shared with an alternative healthcare professional, while in the second case a mother relied on herself, acted according to her own knowledge and experience, and could not 'contract out' the expertise. The fact that some of my interviewees searched for and arranged additional support for

the ‘naturalness’ of their way of living in general, and parenting in particular, duly raises a question about the availability of this ‘naturalness’.

### 3 CARE

Care is a complicated, multifaceted phenomenon that feminist scholars regard as a specific form of relations between caregiver and caretaker, and as a set of physical, mental, and emotional work carried out by the caregiver. Care for children is one of the central elements of parenting. In this chapter I investigate what kind of care, as an assemblage of physical, mental, and emotional work, is given to and received by Russian natural mothers. I analyse how and for whom natural mothers care, as well as the kind of mental, emotional, physical, and other actions and acts they perform both while implementing natural parenting, and apart from implementing it. I also explore who cares for the natural mothers, and when such care is given.

The structure of the chapter is as follows. First, I operationalise the major theoretical concepts and approach to care that I use in my analysis. Second, I draw on natural mothers' understandings of their pattern of care for children. After that, I focus on the specific natural parenting practices and examine the kind of work they entail and why. I then turn to an analysis of the care received by the natural mothers themselves, before drawing my conclusions.

#### 3.1 WHAT IS CARE?

I draw on the feminist approach to care, which entails considering care both as a special work or activity and as ethics (Held, 2006). According to this approach, care implies 'meeting the needs of the particular' care recipients, 'valu[ing] emotion rather than reject[ing] it', 'call[ing] into question the universalistic and abstract rules of the dominant theories' (ibid.: 10-11). In other words, care is a specific attitude and behaviour characterised by an attentive focus on the needs of a care recipient seen as a unique person, the context of the care provided, and the emotions involved. Care is rarely considered by lay people in terms of work and labour. Rather, it is often regarded as 'natural' (Hochschild, 2003: 215). Feminist scholars made a significant contribution to the re-consideration of care. They showed how laborious and devastating it could be for caregivers and caretakers (Hochschild, 1989, 2003; Graham, 1991; Daly, 2002; Lynch & Lyons, 2009); how contextually specific it is (Lynch & Lyons, 2009); and finally, how the way care is carried out depends on gender, class, sexuality, race, age, culture, institutions, and so forth (O'Brien, 2005; Hicks, 2005; Lynch, Lyons & Cantillon, 2009; Raghuram, 2012). Care, and the contexts in which it is implemented, create multiple care imbalances and inequalities. For instance, women are deemed to be the major care providers, both in the sphere of production and reproduction (Daly, 2002). Lower-class and immigrant



women provide extensive paid care work and arrange care replacement for relatives, yet the care in their own families is also provided by women (Hondagneu-Sotelo & Avila, 1997; Lutz & Palenga-Möllenberg, 2012; Palenga-Möllenberg, 2013).

Scholars approaching care as a form of activity or practice distinguish between two types of care relations: professionally-defined care relations and personally-driven care relations (Graham, 1991; Hochschild, 1989, 2003; Lynch & Walsh, 2009). Kathleen Lynch and Judy Walsh (2009: 47) approach professionally-defined care relations as relations regulated by a contract of employment and not implying a 'clear moral obligation to care when the contract ceases'. However, they note that this does not rule out establishing emotional relations between those who have been paid for care work and those who received the care (*ibid.*: 47). Personally-driven care relations, in turn, are conceptualised by the scholars as requiring specific personal engagement. Lynch and Walsh operationalise this specific personal engagement in terms of 'love labour' and define it as the specific perspective and orientation towards the care receiver (*ibid.*: 44). In the meantime, Arlie Hochschild (2003: 214) defines it in terms of an 'emotional bond, usually mutual, between the caregiver and cared-for, a bond in which the caregiver feels responsible for others' well-being'. The discussed personal engagement, conceptualised either as love labour or a bond, implies carrying out intense physical, mental, and emotional work simultaneously (Hochschild, 2003: 214; Lynch & Walsh, 2009: 44-45). For instance, it entails not only the physical action of feeding the hungry cared-for, but also cooking their favourite meal. So the action of cooking and feeding turns out to involve mental work (Lynch & Walsh, 2009: 45). Mental work is defined as keeping the cared-for and their tastes in mind, prioritising their needs, remembering their interests, and actively bearing them in mind, while emotional work is conceptualised as listening, supporting, and affirming (*ibid.*).

The concept of the specific personal engagement of the caregiver and caretaker in personally-driven care relations has contributed to an analytical understanding of the different degrees of emotional involvement in care. However, until recently, its application has been problematic for two reasons. First, for a long time, it was mostly applied in studies focused on care in heterosexual families, and heterosexual parenting (Hochschild, 1989; Ungerson, 1995; Lynch, Lyons, Cantillon, 2009; Lynch & Walsh, 2009). As queer scholars Sasha Roseneil and Shelley Budgeon (2004: 137) claim, the analysis was 'overwhelmingly focused on monogamous, dyadic, co-residential (and primarily hetero) sexual relationships, particularly those which have produced children, and on changes within these relationships'. Yet queer theory has demonstrated that the focus on the heterosexual family 'as the significant, productive activity and space, at which analytical attention should be directed' should be avoided, as such an approach detracts from an understanding of the variety of existing forms of relations (Roseneil, 2004: 411). Meanwhile, such recent social trends as the increase in divorce and out-

of-wedlock birth rates, as well as the growing number of one-person households, childfree women, dual-career families and long-distance relationships reveal that people's lifestyles and experiences go beyond the registered heterosexual nuclear families (Roseneil & Budgeon, 2004: 140-141; Peterson, 2014: 606).

The conceptualisation of close care relations beyond the framework of the (hetero)sexual conjugal family and kin ties has been strongly encouraged by the research on chosen families and friendship (Wetson, 1997; Weeks et al., 2001; Williams, 2004; Roseneil, 2004). For instance, the research on friendship and its meaning for people with various sexualities residing in the United Kingdom conducted by Roseneil and her colleagues has revealed that, in terms of the provision of everyday care and support, people rely more on their friends than on sexual partners and kinsfolk regardless of their sexuality (Roseneil, 2004; Roseneil & Budgeon, 2004). This preference for friendship-based relations over blood and kin ones challenges and de-centres the primacy of sexual partnerships and conjugal relationships over other relationship forms (Roseneil, 2004; Roseneil & Budgeon, 2004). Being a distinct form of care relations, friendship differs from interfamilial relations, which are controlled by various social and political institutions, and framed by explicit socio-cultural expectations (Roseneil, 2004: 413-414). Friendship is fragile, more free from conventional regulation and therefore confronts the dominance of nuclear families and hetero/homonormativity (Roseneil, 2004; Roseneil & Budgeon, 2004; Halberstam, 2012). Roseneil's findings, as well as the results of other studies on families and kinship, especially those conducted within the framework of queer theory and/or using queer material (Weston, 1997; Weeks et al., 2001; Williams, 2004), have problematised the discursive dominance of family and kinship ties over other relationships.

Further, the problem with the concept of the specific personal engagement of a caregiver and caretaker in personally-driven care relations is that it has often been seen as based on love or on other positive emotions and feelings (Lynch & Walsh, 2009). However, the research revealed that the reason why a caregiver could be enormously involved in care relations and exercise intensive care labour might not be (exclusively/only) love or commitment, but a sense of moral duty, for instance (Stuifbergen & Van Delen, 2010). This sense of moral duty as the reason for engagement in care makes care relations no less intensive and demanding than those based on love.

I draw on the discussed feminist and queer studies of care and consider any care relations as potentially implying the specific personal engagement of the caregiver and caretaker in the care relations. I approach care as a set of physical, emotional and cognitive acts performed by the caregiver within the framework of their relations with the cared-for. Following on from this, I analyse how 'natural' mothers reason their engagement in care relations; in what type of care relations they engage; and what is specific about the care they provide.

### 3.2 CARE FOR CHILDREN: IMPROVING CHILDREN, IMPROVING SELVES

The ideology of natural parenting enables caring for a child by creating and sustaining a tight emotional bond between mother and child and implementing practices such as long-term breastfeeding on demand, co-sleeping, and baby-wearing. The reasons why my interviewees turned to this parenting model have been partly analysed in the previous chapter, where I provided the general framework for my interviewees' worldview. My interviewees saw the natural parenting practices as being derived from nature, whereby everything natural is better than anything artificial, and is also less risky. Such an understanding of natural and artificial as well as their general view of the world and social order significantly influenced the pro-natural-parenting choice of my interviewees. Yet, it does not sufficiently disclose the rationale behind caring for children in a particular way. In this section, I analyse how my interviewees reasoned caring for children in a natural-parenting way.

According to my interviewees, the 'naturalness' of natural parenting secured not only the health of the child but also their general well-being, understood as prosperity, now and in the future. This prosperity includes the child's feeling of safety and security:

*Q: Why is emotional contact between mother and child important for the child?*

*A: It's for safety. I think it gives the child a feeling of security. If there's a person who always protects him and that he trusts, the child feels much safer and freer within the process of learning about the world. (Julia, 31, one child, Moscow)*

My interviewees considered this feeling of safety or security as forming the basis of the child's self-confidence and calm disposition:

*From my point of view, children [cared for according to natural parenting] are [...] calmer, and more positive. (Ulyana, 27, two children, pregnant, Vologda)*

From the point of view of my interviewees, the feeling of safety, self-confidence, and calmness facilitated not only the child's ability to learn about the world (freer within the process of learning about the world), but also her socialisation:

*I see that my child is much more socialised in the playground than I was at his age. He can get to know others normally, and communicate. (Nancy, 36, two children, Moscow)*

For the vast majority of my interviewees, the idea of secure attachment as the basis of a child's self-confidence is a matter of fact, the evidence for which can be found in the personal experiences of the 'natural' mothers I talked with and their children (for instance, Nancy considered her child to be better socialised than she was at the same age), as well as through general observations. The idea that the child's attachment to their mother enables the child's self-confidence and encourages their intellectual curiosity (and trust in the world to some extent) is one of the cornerstones of natural parenting. The notion originates in Mary Ainsworth's 'Strange Situation' experiment (Ainsworth & Bell, 1970; Faircloth, 2014), discussed earlier. According to Ainsworth and Bell, the Strange Situation experiment proved the connection between the child's active exploratory behaviour and the mother's presence (Ainsworth & Bell, 1970: 52). However, my interviewees did not mention the 'Strange Situation' procedure or any other relevant research or text. Arguably, many of them might have been aware of it through books devoted to natural parenting or articles circulating on the internet. For instance, Sears et al. (2001: 33), who are active proponents of attachment parenting, discussed the idea of secure attachment as providing children with more independence and self-confidence in the course of their growth. So I expect that the 'natural' mothers I interviewed might have known something about the main findings of the Strange Situation procedure, but were unaware of the details:

*I sometimes see neurotic children. I myself was a neurotic child. I don't want my children to be neurotics. So I try to provide such psychological conditions where they feel comfortable – comfortable to live in the family. [...] It [neuroticism] is related not so much to natural parenting [the non-practice of it] as to the absence of attachment. When a child doesn't feel safe like I did, when the child is given away all the time. I mean I was given away to a nursery, a daycare, after-school activities. I mean the problem is not that I was sent there but...[...]. Let's say the teacher scolds me and my parents take the teacher's side. That's what I mean by saying 'the child is given away'. In a sense, she's betrayed. And it seems to me that my childhood neuroses were caused by these kinds of things. [...] I had obsessive neurosis – like not stepping on cracks [...] When I talk about neurotic children [...] I see a child in the playground who is afraid to play [...], to take a toy. Maybe it's not a neurosis, maybe it's called something else. But this is what I don't want for my children. Therefore I want to provide them with a feeling of safety. During infancy, this is provided via some natural-parenting practices, and later via attachment theory. (Sasha, 37, two children, St. Petersburg)*

Sasha was not the only natural mother who articulated her views on children in terms of 'neurosis'. The use of the term in the narratives of my interviewees was indicative of their general awareness of psychology and its application to parenting. According to the research on parenting, psychological knowledge related to childcare became a significant element of contemporary parenting in Russia and other post-industrial societies in the latter half of the 20th century (Lee, 2014; Chernova & Shpakovskaya, 2016). The psychological approach to childcare, first promoted by psychologists and psychiatrists and later by social and behavioural scientists, widened and reframed the post-World War II comprehension of a child's prosperity and well-being, which started to be seen not only as requiring physical health but also the child's emotional comfort and well-being (Ben-Arieh et al., 2014).

The recognition of well-being as one of the cornerstone concepts of human welfare in general and child welfare in particular was reflected and embodied in the Constitution of the World Health Organisation of 1946, one of the first statutes of which states that 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (Constitution, n.d.; Ben-Arieh et al., 2014: 7). According to Asher Ben-Arieh et al. (2014: 3), 'the WHO statement [...] illustrates that well-being does not refer primarily to the moment, but to something that lasts over time, even if there is some overlap with happiness and the subjective experiences of the moment'. In Western post-industrial societies, the process of the recognition and acceptance of the well-being concept, first mentioned in the WHO constitution, continued in the 1960s. During this period, the attention of many scientists such as economists, sociologists, anthropologists, geographers, and psychologists (who were pioneers in this regard) turned to the investigation and development of 'the quality of life' (ibid.: 7). Scholars made attempts to analytically grasp and comprehend people's happiness, satisfaction with life, and well-being (ibid.). At the same time, their focus on challenges or problems related to human and child welfare started to move towards 'positive constructs'. For instance, the interest in well-being began to complement concern over illnesses via health promotion (ibid.). So the circulation of the well-being concept was assisted and promoted both by scholars and political actors. Subsequently, in 1969, the president of the American Psychological Association proposed that psychology should be redefined as an instrument promoting human well-being (ibid.). This redefinition of psychology concurred with the bigger process of the expansion of psychological knowledge to all spheres of societal life bolstered by psychologists and a burgeoning body of managers (Illouz, 2007: 31; Boltanski & Chiapello, 2005). Psychology steadily expanded its influence 'to the 'normally' neurotic middle-class people', for instance through the implementation of psychological knowledge by employers in order to improve the efficiency of their workers, and duly changed the social identity of people consuming psychological services (Illouz, 2007: 24). This was caused by the

increasing dominance of the ideology of capitalism and individualism, promoting rationality, personal autonomy, and an orientation towards happiness (Ahmed, 2010; Illouz, 2007; Ahmed, 2013).

In Russia, the process of psychology expansion and its development in the 20th century was different from that in Europe and the USA because of the specific context. The bringing up of new socialist citizens and the transformation of public production were among the most important goals of Soviet Russia since the time of its establishment in 1917 (Abul'khanova-Slavskaya et al. 1997; Tchoukina, 2002, 110; Noskova, 2007). In order to achieve these goals, various instruments were used including scientific research and various measures and programmes based on the research findings. The Soviet state was interested in finding the best ways of organising labour and production in order to achieve greater efficiency with the same workload and effort by employees, and delegated the search for solutions to scholars (Noskova, 2007: 43). This gave rise to the development of such areas of scientific knowledge as the psychology of management, the psychology of labour, and social psychology in the 1920s (Abul'khanova-Slavskaya et al., 1997; Noskova, 2007).

In the same decade, the state's orientation towards bringing up new socialist citizens facilitated the development of pedology. Pedology (sometimes considered a sub-discipline of pedagogy) is the scientific study of children, which promotes humanistic principles of childcare and an individual approach to every child in terms of the choice of upbringing methods and instruments (Abul'khanova-Slavskaya et al., 1997: 60-61). Originally, the leaders of the pedological movement and its main proponents were prominent pedagogues, psychologists, psychiatrists and developmental scientists, such as Aaron Zalkind, Lev Vygotsky, Mikhail Basov, and Nadezhda Krupskaya. The pedological movement, actively developed in the 1920s, was aimed at investigating the influence of the social environment and biological heredity on the child's evolution and development and, consequently, at acquiring holistic knowledge about children (ibid.: 61). Later, during Stalin's era from the 1930s to the 1950s, pedology and psychology in general were abandoned for not being consistent with the Marxist doctrine (ibid.: 90-95). The communist party criticised pedology for not fulfilling its mission to scientifically support a number of important ideological statements; for instance, pedology showed that peasant and proletarian children were lagging behind in their cognitive and physical development in comparison to children of the intelligentsia (doctors, teachers, etc.) (ibid.: 95). Representatives of the academic community, teachers, and those practitioners working with children also criticised pedology, the reason being that many regular pedologists in practice (in kindergartens and schools) were former teachers, medical personnel, officials, and others who saw pedology as not requiring special training or expertise (ibid.: 96-97). Thus, many of them were professionally unqualified in terms of comprehensive psychological work with children, and teachers rejected their recommendations as unprofessional (ibid.: 96).

In the 1960s, the status of psychology was rehabilitated, although pedology was relegated to history and replaced by child psychology, pedagogy, the physiology of higher nervous activity, and some other fields of science (Abul'khanova-Slavskaya et al., 1997). Psychology continued to develop and new sub-disciplines emerged, such as engineering psychology focused on human cooperation with systems and technologies (ibid.: 141). Psychology was still seen as the applied 'instrument' aimed at resolving practical problems, particularly problems related to the professional orientation of a person, the assessment of student potential, interactions in working communities, and the interactions between an individual and a community (ibid.: 132, 138, 147-148). In other words, while psychology was explicitly and primarily focused on the well-being of a person in Western countries starting from the 1960s, in Soviet Russia the major focus of psychology was the well-being of communities (e.g. working collectives) and society in general. However, this is not to say that personal well-being as a concept was non-existent in Soviet Russia. On the contrary, it was present both as a subject of scientific and public concern, and as an object of politics.

First of all, it is important to note that despite the difference between the development and expansion of psychology in Russian and Western societies, in the 1960s psychology started to enter the sphere of reproduction in Soviet Russia, namely in terms of family life and parenting. The texts addressed to actual mothers and mothers-to-be began to pay attention to maternal emotions and psychological concerns (Gradszkova, 2007: 105-106). Educational programmes for secondary schools on ethics and the psychology of family life were established (Chernova, 2013: 131). Second, the concept of well-being was present in the Russian public discourse from 1959 at least, when the term 'unfortunate families'<sup>23</sup> (*neglapoluchnye sem'i*), meaning a form of family disorganisation, appeared in the literature (Iarskaia-Smirnova & Romanov, 2012: 88). This term appeared in research publications in the 1970s (ibid.). The term 'unfortunate families' is closely connected to the concept of well-being: well-being is *blagopoluchie* in Russian, well-to-do family is *blagopoluchnaya sem'ya*, and unfortunate families is *neblagopoluchnye sem'i*. All of these terms are cognates and share the root *blago-*, which translates into English as 'well' or 'good'. I argue that the emergence and development of the concept 'unfortunate families' alongside the state orientation towards the establishment and realisation of citizens' welfare signifies at least the implicit presence of the idea of well-being. However, the connection between the concept of well-being and the idea of happiness, established in Western societies in the latter half of the 20th century, took place in Russia later, in the 1980s.

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<sup>23</sup> Researchers of Russian social policy, Elena Iarskaya-Smirnova and Pavel Romanov, use the term 'unfortunate families' (Iarskaya-Smirnova & Romanov, 2012). However, the term 'problem families' is more common in the literature.

The development and expansion of psychological knowledge to all realms of life, accompanied by the generation of the idea of happiness as an ultimate value (Illouz, 2007; Ahmed, 2010; Ahmed, 2013; Ben-Arieh et al., 2014: 8), facilitated both in Western post-industrial societies and in Russia the emergence of a therapeutic culture and a new emotional or therapeutic habitus (Illouz, 2008: 220; Lerner, 2015). The therapeutic culture, the increasing dominance of which was assisted by scholars, authorities, and entrepreneurs in the latter half of the 20th century, entails thinking and talking about emotions and relations in terms of psychological assumptions (Lerner, 2015: 350). It requires emotional competence – self-awareness and the ability to identify feelings and communicate them in a way that leads to finding a solution to a problem (Illouz, 2007: 59; Lerner, 2015). In turn, emotional competence is an element of emotional habitus.

*Emotional habitus lies thus at the intersection of three domains of social experience: the interactional, the bodily, and the linguistic. It reflects and signals one's social position at these three junctures. Emotional habitus shapes the ways in which one's emotions are bodily and verbally expressed and used in turn to negotiate social interactions. (Illouz, 2008: 214)*

Significantly, the therapeutic culture has its own specificity within the framework of Russian post-Soviet society. Researcher Julia Lerner argues that because of the previous absence of institutionalised capitalism and the mass practice of personal psychotherapy, the therapeutic culture of post-Soviet Russia does not rely on conventional psychological knowledge (ibid.: 364). Lerner writes: '[t]here is a therapeutic culture without psychology' (ibid.). While people acquire emotional competence, the methods and approaches offered by psychology are not regarded by them as major prescriptions; rather, they are alternatives among many others, and not necessarily the best possible (Lerner, 2015).

My interviewees, born in the late Soviet period (between 1970 and 1990), grew up alongside this development of psychological knowledge related to childcare. Their childhood and early youth proceeded during a period of extensive psychologisation of parenting, while their middle years coincided with the promotion of the therapeutic culture. The way in which my interviewees talked about 'well-being' – by referring to psychological concepts such as 'neurosis', the logic chains they built up, and how they reflected on their experiences, emotions, and feelings, as well as those of others – revealed their emotional competence in particular and the therapeutic habitus in general. This therapeutic habitus suggests that well-being should be seen as requiring emotional and psychological comfort, understood as secure attachment and the absence of (dis)stress. The absence of (dis)stress as an important element of well-being makes the concept of well-being tightly



interconnected with the post-modern idea of happiness (Ahmed, 2010). This idea relates to 'the very specific model of subjectivity where one knows how one feels, and where the distinction between good and bad feeling is secure, forming the basis of subjective as well as social well-being' (ibid.: xvi).

Happiness is an imperative in contemporary post-industrial societies; it is no longer a feeling in the present, but related to self-worth and an objective in itself (Ahmed, 2010; Segal, 2017). Some researchers even speak of it in terms of 'the cult of compulsory happiness' (Segal, 2017: 13-14). Interestingly, the promotion of this cult or imperative, actively supported by business and entrepreneurs, psychologists, economists, pharmacists, and authorities (Illouz, 2007, 2008; Ben-Arieh et al., 2014; Segal, 2017) 'begin[s] with the massive expansion of insecure, low-waged jobs [...] accompanying the general removal of welfare benefits and public provision' (Segal, 2017: 32). It has shifted the focus from the idea of collective actions as the source of joy and hope to (false from Lynn Segal's point of view) ideas of self-improvement and individualism (Segal, 2017). In addition to happiness, well-being or the absence of (dis)stress has become not just a current state but an ultimate goal for people in post-industrial societies (Segal, 2017). Paraphrasing Sarah Ahmed, I would say that the absence of (dis)stress 'becomes a means to an end, as well as the end of the means' for my interviewees (Ahmed, 2010: XXI):

*Her [child's] emotional development is important to me [...] I look back at my experience, how I was raised [...] and how it led to the way I live now [...], thanks to what I have become, the person I am [...] I would like to cushion the child against these what I call bugs, complexes, which hinder living happily. I mean, I'm not talking about achieving success or something, I just want the child to be happy, and to understand what happiness is, and to enjoy happiness here and now. (Larisa, 37, one child, pregnant, St. Petersburg)*

My interviewees attempted to shape the habitus of their children in accordance with the therapeutic culture and happiness imperative. The mothers 'taught' their children happiness by providing it through attachment. Meanwhile, it is important to recognise that the vast majority of the natural mothers I talked with did not characterise the way they were raised as either attached or happy:

*One thing should be said: not all of us turn to natural parenting because of overindulgence. Many turn to it because of trauma. For instance, I know that I have a fear of losing the bond with my child. A very strong fear. Because when I was two years old I was left with my grandmother and my mother moved to another flat. Then, when I was four or five, my mother and father took me to another country. So this*

*style of attachment is no good. And when I gave birth to my older son, it started to come out. It became clear what lay behind it all. So I wouldn't say that my natural parenting is because of overindulgence. (Nancy, 36, two children, Moscow)*

Many of my interviewees regarded their childhood as no good, stressful, or neurotic, and as lacking a feeling of safety, confidence, and proper social skills (*much more socialised in the playground than I was at his age*) because of severed attachment and the misguided, non-child-centred and inattentive care given by their parents. In other words, many natural mothers that I talked with did not have any experience of 'proper' attachment (as promoted by natural parenting ideology) or an emotional bond with their mothers, and were not practised in such behaviour. Yet they tried to create and sustain this with their children. The absence of a natural-parenting attachment experience among many of my interviewees challenged their natural mothering proclivities. They had to provide their own children with something that they had never felt, which was at the same time something they would have liked to experience and something they knew about from the discourse:

*Even though I prepared myself [for mothering in a natural-parenting way], many things were new to me. Now I see how my mother raised me and my brother and I have a keen sense of all the mistakes [made] when we were four or five years old. And I would like to avoid this. [...]* I can't parent properly since I was raised differently, and I have some model of [maternal] behaviour in my head and [model] of childrearing – the way I was brought up. And I need to change it, to turn it around. (Larisa, 37, one child, pregnant, St. Petersburg)

The natural mothers' longing for an attachment that they did not achieve or receive during childhood, one which instilled a feeling of safety and parental love, and which provided the basis for general well-being, as well as their desire to provide their children with this, suggests that they viewed their parenting as a specific therapeutic practice. For my interviewees, a child was not only an actual person that they cared for, but also brings to mind the Child as described by Lee Edelman (2004). Edelman argues that 'the Child has come to embody for us the telos of the social order and come to be seen as the one for whom this order is held in perpetual trust' (ibid.: 11), pointing to 'an identification both of and with the Child as the preeminent emblem of the motivating end' (ibid.: 13). Many of my interviewees constantly compared their inadequate childhood experiences to their experiences with their own children, with whom they tried to form a secure attachment. This constant comparison of experiences revealed my interviewees' comprehension of themselves as the Child. The Child is both the children of my interviewees and my interviewees themselves. By describing how they lacked the basis of well-

being and how they sought to achieve the opposite for their offspring, and by duly providing their children with a sense of attachment, my interviewees highlighted the gap or breakdown in social order which they experienced. In order to restore the social order and treat the (their own inner) Child, the natural mothers endeavoured to avoid the same life path for their children.

The implementation of natural parenting as a therapeutic practice was also revealed in my interviewees' narratives about their children's future, especially when they reached puberty:

*[...] He [the child] goes into a teenage slump [and if] you don't have a trusting relationship with him, all hell breaks loose. (Olga, 38, two children, Moscow)*

Many of my interviewees saw adolescence as a complicated phase for both teenager and family. This perception was usually based on examples from the communities of which my interviewees were a part. For instance, in Olga's case the idea of teenage hardship stemmed from her experiences with her sister:

*I went through hell with my sister. She stole money when we were at home. We failed to educate her anywhere and she didn't study anywhere, not even in a vocational school [...]. She didn't attend vocational school. She wasn't interested. She didn't respect anyone's authority and didn't have trusting relations with adults or with me. Consequently, she has [...] no one she could lean on, and she's lost. She's 33, and she's absolutely nobody nowhere. I look at her and feel sorry for her. But I can't do anything since she was actually already lost at the age of 12 or 13. (Olga, 38, two children, Moscow)*

According to my interviewees, if a child does not receive proper maternal care, this leads to deviant and socially challenging behaviour when they reach their teens (e.g. stealing money, refusal to study), which later results in marginalisation (*nobody nowhere*). This marginalisation could take the form of inadequate integration into society or the inability to follow the cultural imperative of happiness. The former was demonstrated in the case of Olga's sister, who had no education and who was unable to position herself through socially acceptable achievements (e.g. professional activity). The latter was also demonstrated in the case of Valeria's younger brother. Valeria's 13-year-old brother saw a psychologist regularly because of problems caused, in Valeria's opinion, by their mother's inattentiveness, neglect, and abusive behaviour. Valeria (28, two children) characterised her *brother as very nervous, very put-upon*. The impression conveyed by the narratives about the challenging teenage phase was that my interviewees saw puberty negatively, as an enormously difficult time for everyone (hell). They reflected at length on

the course of events, reasons, and consequences of this phase and how difficult it was, but they hardly talked about the feelings and emotions of the teenagers. They may have characterised a person (*very nervous, very put-upon*) but did not articulate how this person may have felt themselves. Nor did my interviewees question why they had turned out differently in contrast to their less fortunate siblings. Lastly, none of them challenged the idea of the mother's responsibility for establishing attachment. A father figure or other relative was absent from these narratives.

As mothers, my interviewees aimed at preventing a potential breakdown in the social order by and in their adolescent children. To this end, they looked to natural parenting to provide them with clear instructions and assurances of happiness for both mother and child:

*It [the attachment theory] gave me answers to my questions about these teenage problems. It shed light on what I had witnessed [...] and I realised that the problems were due to peers and the lack of attachment to adults. [...] it [the attachment theory] provides answers when you don't know what to do. [...] I need it in order to recognise problems in my child. (Katja, 36, two children, Moscow)*

Natural parenting and attachment theory were seen by my interviewees as a method of care that might help them to secure the well-being of their children and prevent hardship during the teenage years. While some of my interviewees were certain of this, others expressed some doubts but turned to natural parenting as a preventive measure. At the same time, none of them regarded the problematic adolescent behaviour as manifesting a need to rebel, a wish to break away, or a conscious and reflective choice. Rather, such behaviour was seen as being caused by the absence of an authority figure:

*From my point of view, the absence of the right adult figure results in children following the wrong examples, and each other. [...] Because they have no one to learn from. A child must learn from someone who is more experienced, wiser and stronger. (Katja, 36, two children, Moscow)*

My interviewees did not question what a teenager might be feeling, or what their reasoning might be for socially challenging actions. In other words, the adolescent as a reflective subject was missing from the narratives and perspectives of my interviewees. Hence, the implementation of natural parenting by my interviewees could be deemed practice-oriented towards the maintenance of their social order and avoidance of possible problems with their maturing children.

### 3.3 THE CHALLENGES AND DELIGHTS OF 'NATURAL' MOTHERS' CARE

As discussed earlier, the best way of creating a close emotional bond between mother and child according to the ideology of natural parenting is through long-term breastfeeding on demand, co-sleeping with the child, and baby-wearing (Sears et al., 2001; Schön & Silven, 2007: 103; Etelson, 2007; Faircloth, 2013). All of these practices require the mother to be in close physical proximity to her child, and emotionally and cognitively focused on the child's needs. Breastfeeding has a specific position among the other natural-parenting practices. While not all of my interviewees carried their children in baby-carriers or slings, all of the natural mothers I talked with breastfed their children. In the meantime, baby-wearing and co-sleeping were often experienced by my interviewees as satellite practices of breastfeeding in that they eased and supported nursing.

For my interviewees, the average duration of breastfeeding one child was between two and two and a half years, while the median duration was three years.<sup>24</sup> Only one interviewee fed her baby for less time – nine months, while another breastfed for significantly longer – up to the age of seven. These figures exceed the duration recommended by the World Health Organisation and the actual Russian breastfeeding rates.

The World Health Organisation has declared breastfeeding to be 'the normal way of providing young infants with the nutrients they need for healthy growth and development' and recommends exclusive breastfeeding<sup>25</sup> 'up to six months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond' (Breastfeeding, n.d.). Breastfeeding is actively supported and promoted by national public health campaigns, for example in the USA, the UK, Brazil, Sweden, and Finland (Avishai, 2011; Jung, 2015). Despite international and national support for breastfeeding, rates vary – ranging from 'less than 70% in Ireland and France, up to almost 100% in Denmark, Sweden and Norway' (CO1.5: Breastfeeding rates, 2009: 1). The breastfeeding rates in Russia are relatively high: 92% of infants born between 2006 and 2011 were breastfed. The Research on Reproductive Health in Russia conducted in 2011<sup>26</sup> revealed that the average duration of any breastfeeding in Russia is 10.6 months, the average duration of exclusive breastfeeding is one month, and full breastfeeding four months

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<sup>24</sup> The median duration is the middle value in the set of breastfeeding durations represented by my interviewees. The median value makes it possible to determine different durations in terms of interviewees' breastfeeding habits: in 50% of cases, the breastfeeding duration was below the median value, while in 50% it was above the median value. The average duration is the sum of all breastfeeding durations divided by the number of interviewees. The usage of both statistics provided more comprehensive data on breastfeeding duration among the 'natural' mothers I interviewed.

<sup>25</sup> Exclusive breastfeeding implies feeding a baby with breast milk to the exclusion of any other liquids.

<sup>26</sup> More recent research data on breastfeeding rates in Russia were not available.

(Sakevich, 2015). The lowest rates of exclusive and full breastfeeding occur in Moscow, while the highest occur in the countryside.

The adherence to long-term breastfeeding among my interviewees was reasoned not only by the naturalness of the practice (as already discussed in the previous chapter) but also by the 'breast is best discourse'. This research-based discourse reflects a major bio-political drive in many post-industrial societies to improve the 'quality' of their citizens (Wall, 2001; Avishai, 2011). Numerous studies focused on the composition of breastmilk and the effect of breastfeeding on a child's well-being revealed multiple benefits for both infants and nursing mothers, particularly a decrease in allergies, otitis, respiratory diseases, the risk of enteric infections, and the risk of obesity (Kukla, 2005: 160; Avishai, 2011: 25-26; Faircloth, 2013). Despite criticism of these studies for overrating breastmilk benefits and paying insufficient attention to other factors influencing children's health (Wolf, 2007; Avishai, 2011; Jung, 2015), they have laid the foundation for the 'breast is best' discourse and played a significant role in framing breastfeeding as a moral duty (Woollard & Porter, 2017). Consequently, this has gendered and essentialised mothering and limited the number of options for sharing childcare duties between parents and with other people. The 'breast is best' discourse confirmed the mother as the primary caregiver since only she is supposedly able to provide the child with the all-important breastmilk.

My interviewees actively reproduced the 'breast is best' discourse in their narratives on breastfeeding. They talked about breastfeeding benefits for the child's health and sometimes mentioned the possible risk of formula feeding. Yet they did not refer to any particular study. The majority of my interviewees avoided details and made general statements about the advantages of breastfeeding:

*Q: What does breastfeeding mean for you? Why was it so important to breastfeed?*

*A: The main point was the health of the child. That was the most important thing for me. I mean the immunity and some support for the child. That's it. I mean it was the primary reason why I definitely didn't want to formula feed. (Sasha, 37, two children, St. Petersburg)*

Those who spoke about formula-feeding risks usually touched upon just one or two issues and did not elaborate on or return to this topic in the interview. In regard to risks, my interviewees highlighted both the potential for harming (or doing irreparable damage to) the infant with formula feeding, and the necessity to treat the consequences of making the 'wrong' choice.

*[...] I read that very many allergies are triggered by formula, but that it hardly happens with mother's milk. I'd like to safeguard against this because a food allergy or at least ... hay fever may be caused, but at least it's clear how to treat it. But with a food allergy, I don't know what to do to be honest. [...] I'd like him to live life to the full and not be afraid of, like, a tomato or a yellow bell pepper. (Julia, 31, one child, Moscow)*

A noteworthy feature in my interviewees' narratives about the risks and benefits of various infant feeding options was that formula was not portrayed as something inherently bad or harmful, or compared to 'junk food', which is rather common in the public discourse on formula in the UK and the USA (Avishai, 2011: 31; Faircloth, 2013: 46; Jung, 2015). I did not find any examples of feminist discourse explicitly supporting and promoting formula feeding. Even those who regarded formula feeding as not posing any risks or harm usually noted that they supported breastfeeding; sometimes there was also an implicit approval of breastfeeding as being the better feeding option (cf. Jung, 2015). It is noteworthy that in the first half of the 20th century, formula feeding was seen by the wider public, at least in Anglo-Saxon societies, as an important element of the 'scientific mothering' philosophy, which promoted the medicalisation of mothering and childcare (Faircloth, 2013; Jung, 2015: 29). During this time, formula feeding was seen by society as modern and as liberating women (Jung, 2015: 29). The idea of severe risks incurred by formula appeared later, in the late 1970s and early 1980s.

The world's first commercially produced formula was developed in 1876 by Henri Nestlé, who combined cow's milk with wheat flour and sugar (Jung, 2015: 28). The product was not radically new, however, since those women who did not breastfeed and could not hire a wet nurse or a milk mother used to prepare formula using cow's milk, cream, water, and honey. Yet Nestlé's formula laid the foundation for the company and the industrial production of breastmilk substitutes (ibid.). From the moment of its invention, the commercially produced formula was constantly improved by specialists such as doctors and nutritionists, and gradually became more widely available (ibid.). However, in 1970, Western countries became concerned about the rise in infant mortality rates in Africa and Southeast Asia, primarily due to malnutrition and diarrhoea, which were, in turn, closely connected to the increase in formula feeding in these regions (ibid.: 38). During the 1960s and 1970s, many formula companies started to aggressively and rapidly expand their markets in these regions. Formula was actively promoted in various ways, including mass-media advertising and the distribution of free samples to new mothers in maternity units (ibid.: 39-40). The latter had an effect on women's lactation as the replacement of breastfeeding with formula feeding often reduced the production of breastmilk by mothers' bodies. As a result, once women started formula feeding, some were forced to continue since other feeding options were no

longer available to them (ibid.). Yet Africa and Southeast Asia were characterised by problematic access by poor mothers to clean water, which is required for formula preparation (from powder) and for washing formula-feeding devices such as bottles and teats (ibid.: 40-41). The use of dirty water in preparing formula and cleaning bottles led to contamination and diarrhoea. Another problem was the considerably high cost of formula and low incomes of the mothers. When the free samples received in the maternity units were finished, the mothers had to buy breastmilk supplements that could consume up to 50% of the family budget (ibid.). Under these circumstances, many mothers dissolved the formula using less powder than recommended and stored any unused ready formula at room temperature since they had no refrigerators. The first resulted in malnutrition and the second in contamination with pathogenic bacteria (ibid.). Even though the high infant mortality rates caused by the expansion of formula feeding were specific to developing countries, it was this situation coupled with the contribution made by La Leche League in promoting breastfeeding since the 1950s that changed the perception of both feeding options and partly framed the 'breast is best' discourse (Faircloth, 2013; Jung, 2015).

Meanwhile, my interviewees mostly saw formula feeding as possibly but not categorically risky. Yet the breastfeeding effect on a child's health was not entirely clear to them:

*Yes, sure, I was fed with formula. It didn't affect me badly, but maybe if my mother could have breastfed me for longer, maybe I would have been healthier. I hope that breastfeeding will make my children a little bit healthier. (Maria, 32, two children, Moscow)*

My interviewees' conscious choice to breastfeed was the result of a risk-benefit assessment. However, they did not regard breastfeeding as guaranteeing any particular effects and hoped that it would prove beneficial.

*You know, I think that there are too many things that are unhealthy for people. For example, the air in Moscow isn't at all healthy. And we can set up a filter for the water that we wash in, but it's not ideal either. That's why, on the one hand, I appreciate it when people fight for breastfeeding, when they attempt to buy donor milk, for example. But at the same time, I feel for those mothers who decided not to breastfeed and who use formula. It's their choice. And me, let's say I see grown children who were formula-fed. I don't see that they are less healthy; I mean at this moment I don't have any statistics that those children who were brought up on breast milk are healthier and smarter [...] If parents provide all the other components, then the contribution of this component [feeding with formula] is slightly neutralised. Let's*



*imagine, for instance, a poor family living in the countryside and a woman breastfed because she had no other option, but at the same time the child was beaten, freezing, not treated when she was ill, had a runny nose, and so on. And at the same time there could be a family where the child is formula fed, but she is warm, she is loved, she is hugged, she has a lot of tactile contact, she is not neglected [...] and in this case, you have to ask yourself, what's more important? (Elena, 42, three children, Moscow)*

Elena's narrative about breastfeeding and formula feeding illustrated the idea shared by the majority of my interviewees that formula feeding was the 'not good enough' option. Elena did not consider formula-fed children as unhealthy, but at the same time she assumed that the absence of breastfeeding could lead to a deficiency in something important, which could or should be reclaimed and replaced. What was lacking in the case of formula feeding was ultimately not the child's health (Elena did not claim that) but something else, and it required an over-contribution of other elements, such as love, tactile contact, warmth, and attention.

While Elena saw breastfeeding as a basic component of a child's well-being, the absence of which should be compensated in other ways, another interviewee, Nancy, regarded breastfeeding as a beneficial and advantageous practice which, conversely, might allow a mother to compensate for deficiencies in other spheres or realms of her parenting. Interestingly, the father figure was absent from this idea of a parental contribution or meeting the needs of the child in various ways.

*[...] if we get down to the nitty-gritty, we could say that every one of us can only give a child a limited number of things. For instance, I know that I'm not able to enrol my children in Harvard or buy them an apartment when they grow up. And this wouldn't correspond with my values, and I wouldn't do it anyway. But carrying my baby in my arms and feeding her during her first year – I have the resources for that. I can provide this kind of support and it corresponds with my values. Another mother might have different resources and she might provide things in some other spheres. (Nancy, 36, two children, Moscow)*

Apart from the ostensible health benefits for both infant and mother, breastfeeding was also seen by my interviewees as contributing affection to a child.

*Aside from the chemical properties, yeah, it's about unity with the mother. Aside from feeding, it's a feeling of warmth and the mother's*

*heart, which you've been listening to all this time while you've been inside [her]. (Natalia, 30, one child, Moscow)*

Moreover, this love and affection provided through and by breastfeeding was seen to be of significant importance for both mother and child, while the health benefits were mentioned mostly in regard to the children. Only one informant said that breastfeeding was also beneficial for a mother since it prevented breast cancer.

*Q: You said that breastfeeding is about contact with the child, closeness and warmth. Is it mainly important for the child, for the mother, or for both?*

*A: For both. [...] They are a pair; mother and child are always a pair. (Nancy, 36, two children, Moscow)*

The narrative about the mother's contact with her child achieved through breastfeeding was noteworthy. Multiple studies reveal that women choose to breastfeed prior to the birth in order to provide their children and themselves with the health benefits (Shaw, 2003: 62). According to researcher Rhonda Shaw (2003), the reasons why women explain and justify their choice by appealing to health benefits pertain to the prevalence of state and public discourses on the vital importance of health in contributing to both the private and the public good. At the same time, relationship and affection issues are considered by the key discourse proponents — healthcare professionals — as being of secondary importance (ibid.). My interviewees also used the 'health benefit' discursive strategy to rationalise their decision to breastfeed. However, they also highlighted other aspects that were important for them: love and affection. In so doing, they went beyond the framework of the contemporary rationale of results achievement and loss minimisation. Arguably, this was due to the scarce state support for breastfeeding and the spatial limitation of public health campaigns promoting breastfeeding in Russia: public health programmes aimed at breastfeeding support are mostly represented in medical institutions in Russia.

Seeing breastfeeding as vitally important for a child, all of my interviewees were keen to breastfeed. None of them considered formula feeding an appropriate option. However, despite my interviewees' perception of breastfeeding as necessary, as well as the natural parenting ideology's portrayal of breastfeeding as easy, convenient, and not requiring any special skills or knowledge, many natural mothers I talked to experienced multiple challenges while practising it. These challenges disclosed the specificity of childcare performed by my interviewees. While some challenges related to breastfeeding establishment have already been discussed in the previous

chapter, I focus here for the most part on problems emerging after the start of breastfeeding.

First of all, it is important to note that some of my interviewees did not experience any problems with breastfeeding. They provided an example of natural-parenting theory implementation that could be regarded as perfect. Once established, breastfeeding became an unproblematic practice for them, deeply rooted in their everyday routine. It did not require anything special and in no way was it challenged or challenging. This group of interviewees is perfectly represented by Agata:

*A: But I'm very lucky in the sense that from the very moment of labour I was a very confident mother [...]. I know for sure that I'm doing the right thing. That's it. [...] I understood when it was too hot for her, too cold or whatever. I understood when she wanted to eat and when she didn't. I had no doubt about the way we both felt.*

*[...]*

*Q: Why did you breastfeed her until she was almost four years old?*

*A: I was too lazy to do anything about it. It didn't bother me, it didn't bother her. It came to an end accidentally and relatively naturally. She went to stay with her grandmother for two weeks. During this time, I stopped lactating. So she tried to suckle again but more or less accepted the fact that there was no more milk. (Agata, 42, one child, Moscow)*

In Agata's case, all of the 'necessary' elements came together: her belief in the importance of breastfeeding, the convenience and comfort of practising it both for her and her daughter, her maternal self-confidence, and the absence of any challenges at any stage. However, Agata's lifestyle is worth noting. She was a top professional working with arts and crafts, and her workshop was located in her residence. So she did not need to discontinue breastfeeding in order to go back to work. Her profession had provided her with a significant advantage for breastfeeding implementation: she could plan her work schedule and her home life, and she was her own boss. Moreover, Agata's partner, the father of her daughter, lived separately but supported Agata financially and participated in childrearing from time to time. Therefore, Agata made her decisions independently for the most part in regard to the everyday routine childcare practices, and did not face any pressure or unwanted advice.<sup>27</sup>

Even though Agata's experience of unproblematic breastfeeding was not exceptional among my interviewees, some natural mothers I talked with

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<sup>27</sup> The pressure from relatives will be analysed further.

faced either minor or major challenges. A case in point regarding the former was Nancy, a 36-year-old mother of two sons, who breastfed her elder son until he turned seven years old,<sup>28</sup> and who, at the time of the interview, continued to breastfeed her younger son, who was one year and ten months old. When talking about her experience of long-term nursing, Nancy said that breastfeeding had become a deeply grounded norm for her. Like Agata, Nancy did not face any pressure from her relatives, while her husband, with whom she and their two sons lived, was very supportive. What distinguishes Agata's and Nancy's cases is that while Agata was not at all bothered by nursing, Nancy's nursing was not distressing for her in general, but it was challenging in some minor aspects.

*[...] My breastfeeding was not challenging at all, and I went back to work when he [her son] turned one year and three months. Since then, he's been able to sleep without me easily, to take a nap during the day, and sleep at night... (Nancy, 36, two children, Moscow)*

During the course of the interview, I found out that Nancy's elder son was able to fall asleep without wanting the breast when he was with others, but not with Nancy. If Nancy was present, her son was hanging on a breast. He was able to sleep without breastfeeding while Nancy was near him only when he turned three years old. During night feeds, Nancy suffered from severe back pain, which was hard to handle because she could not concentrate on reading, which she liked. This incident is included here not in an effort to find any discrepancies in Nancy's story, but in order to show how the same things could be treated and seen differently by the mothers. While Nancy was not annoyed by her son's strong breastfeeding demands, other informants such as Natalia were irritated and considered it a problem. Natalia, a 30-year-old mother of one son, was a light sleeper during the night for two years because of nursing. It was hard for her to lie still and avoid changing her position so as not to wake her son up. When Natalia's son turned two, she stopped the night feeds since she was no longer able to sleep.

Nancy did not interpret her breastfeeding as challenging in general, yet she felt some discomfort. She did not consider the option of stopping breastfeeding because she assumed it to be of paramount importance for her child until he turned three and a half:

*I remember in the case of my elder son, up to the age of three and a half breastfeeding was something that he needed otherwise he couldn't fall asleep. It's difficult to make a child sleep. It's very much concerned with the nervous system. So I thought that I would wean him without*

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<sup>28</sup> Nancy specified that actually her elder son was 'really' breastfed until he was five years old, but he 'latched onto' the breast until he was seven years old, although he could no longer suckle properly.

*causing any serious harm after he reached three and a half, but not before. [...] I felt it was important to continue breastfeeding until he was three – three and a half. (Nancy, 36, two children, Moscow)*

Nancy did not stop nursing her elder son even later, both when she was pregnant with her younger son and after giving birth to him. She breastfed both of them (known as tandem breastfeeding) because she believed it might help her elder son adapt to the new life situation: the arrival of a sibling and the obligation to share his mother's love and attention. This case discloses two significant points. First, it reveals that the birth of siblings was seen by my interviewees as stressful for the 'existing' child(ren) who would be faced with the necessity of sharing parental love with their siblings. In other words, the natural mothers regarded parents' reproductive plans as being potentially damaging for an older child or children, not to mention challenging. Family planning often represents a conflict of interest between parents and children. Second, it shows that breastfeeding was perceived by my interviewees as a tool for facilitating stress reduction for the 'existing' child(ren), caused by the appearance of other siblings.

While Nancy characterised her breastfeeding as not challenging, other interviewees described the problems and discomfort they experienced during the course of breastfeeding. Being committed to breastfeeding and believing in its vital importance, some natural mothers I interviewed overcame significant physical or emotional discomfort. Significantly, the distress discussed below was not necessarily present during the whole period of nursing – from the beginning until breastfeeding was discontinued. In some cases it appeared as the child was growing, while in others it started earlier.

For Olga the discomfort was physical. She experienced severe pain while breastfeeding:

*My breast was full and I had to breastfeed all the time [...] to normalise this process despite the fact that it was very painful for eight months. An awful yeast infection appeared on my breast, and my son had stomatitis, herpes, and couldn't suckle. Actually, doctors advised me to stop because it hurt like hell, breastfeeding hurt like hell. However, I breastfed him until he was two. So my breastfeeding was not really long-term. [...] he weaned himself when he was two. Maybe I would have nursed longer. Although it hurt, I probably got used to it. But he stopped by himself. Later, he tried to go back to breastfeeding, but I didn't want to continue then. (Olga, 38, two children, Moscow)*

Meanwhile for Natalia, who was quoted earlier, the discomfort was both physical (she had to remain in one position next to her sleeping son) and psychological:

*So I breastfed until he was two years eight months. I won't breastfeed the second child for so long because I had to force myself during the final year. I didn't like it so much. It was so irritating, but I was still sure that it should last until he weaned himself. [...] I thought I would traumatise him if I stopped. [...] But commonsense prevailed. So I didn't wait until he weaned himself and stopped myself when he was two years eight months. (Natalia, 30, one child, Moscow)*

One of the most irritating things for Natalia was the fact that a more mature child could verbally demand nursing. Natalia did not see such demands as natural:

*It [nursing] is a rather pleasant process when a child is small, when he doesn't follow you around every 20 minutes yelling: 'Mum, give me some milk to drink!' [laughs]. This is not very natural. (Natalia, 30, one child, Moscow)*

For Svetlana, feeding was challenging psychologically, physically, and cognitively for a time. The challenges and discomfort she experienced were not caused by breastfeeding per se but by Svetlana's actions aimed at providing her child with breast milk. She was the only interviewee who practised mixed feeding with her elder son from two weeks until he turned five months. During this period, Svetlana fed him both formula and expressed breastmilk. Right after the birth of her son, Svetlana's lactation steadily decreased. Nevertheless, she was determined to feed her son with breastmilk in any available amount. Therefore she spent an awfully long time expressing her breastmilk with a breast pump.

*It went like I put the baby to bed and then rushed to the bathroom, sat down in the bathtub, [put] my legs in the warm water [...] and then sat there with it [the breast pump] for forty minutes. The baby might wake up later on, or then I might just manage [by this time] to eat and read a book. At the same time, I had a child on my breast again. And it was about [breast] milk all the time, milk, milk – either the child was on my breast or the breast pump was. (Svetlana, 27, two children, Vologda)*

Reflecting on her experience of mixed feeding, Svetlana concluded that formula feeding might have been much easier for her than mixed feeding as she had found ways to make formula feeding convenient. While practising mixed feeding, she not only constantly expressed breastmilk but also made notes on the amount of formula and breastmilk fed to the child, and took

measurements in order to track the child's weight gain. As a consequence, apart from the physical and emotional aspects, Svetlana also engaged in the cognitive effort of keeping records, controlling, and supervising her child's feeding and growth.

Svetlana subsequently obtained recommendations from a breastfeeding counsellor, which she started to actively implement in order to switch to full-scale breastfeeding. Following these recommendations, Svetlana breastfed her child during the period from 3am to 6am daily for two weeks. She had problems staying awake during the night and so she set her alarm for 3am. Since Svetlana's child did not suckle properly when they co-slept, Svetlana had to hold her child in her arms while nursing and supervise her latching on to the breast. In order not to fall asleep, Svetlana sat on an exercise ball and read something on her mobile until six in the morning. After that, she went back to bed with her child.

The variety, intensity, and duration of discomfort and distress caused by breastfeeding, and which my interviewees managed to overcome, reveals two things. First, it exemplifies the enormous value ascribed to breastfeeding (as a separate practice and key element of natural parenting) by my interviewees, and proponents of long-term breastfeeding. Second, it shows that a mother's considerable discomfort does not necessarily entail stopping breastfeeding. In the case of such discomfort, women are expected to manage their physical and emotional sensations for a significant length of time. Yet, as I show below, under some circumstances a mother's distress might become a legitimate reason for ceasing to breastfeed. Consequently, my interviewees' childcare was intensified by extensive management of emotions and sensations. Although any care work implies emotion management (Hochschild, 1983; 2003), in the case of professionally-driven relations this activity is limited by working hours (Lynch & Walsh, 2009). In the meantime, within the framework of personally-driven care relations, emotion management is comprehensively intensive and the time limits pertaining to it are ill-defined. For my interviewees, the necessity to manage their distress and discomfort was even more pervasive. Determined to breastfeed on demand for a long time and to constantly be in close physical proximity to their child, some of my interviewees found themselves managing their emotions throughout the day for long periods of time (e.g. several months).

According to La Leche League, long-term breastfeeding is defined as breastfeeding that lasts until a child turns one year, or even longer (Faircloth, 2013: 63). In the same vein, the ideal nursing scenario implies self-weaning a child – an offshoot of the need to breastfeed 'whether at one year old or eight years old' (Faircloth, 2009: 15). Children who self-wean before they turn one year are considered to be on 'nursing strike' and should become interested in breastfeeding again, although self-weaning that starts after the age of one is seen as normal (Faircloth, 2013: 63). These perceptions form the discursive norm of breastfeeding, which differs from actual practice. Among my interviewees, those who either aimed to breastfeed until self-weaning or who

breastfed until the child self-weaned were in the minority. Nevertheless, even though the majority of my interviewees did not wait until the child self-weaned and stopped breastfeeding earlier, they subscribed to the idea of the child outgrowing the need to breastfeed. They continued nursing until the child was mature enough in their understanding to stop being nursed, either with minimal stress or no negative consequences.

According to my interviewees, 'mature enough' meant that while a child might still like or demand breastfeeding, she did not actually need it as much as previously, and that she was able to handle the cessation of nursing. Indications of a child's ability to cope without breastfeeding include an interest in non-liquid food and regular consumption of a sufficient amount of 'adult' food during the day, the child's ability to sleep through the night without breastfeeding, and a decrease in the number of times that the baby wants to latch on during the day.

*[A]nd then when he was ten months old, he starting accepting borsch from my plate on a teaspoon while half-sitting in his chair and I realised that he didn't need breastfeeding any longer. He was switching [to regular food] himself... So we gradually replaced every [breast]feeding session with food. And then only morning and evening [breast]feeds with 12 hours break in between were left, then only evening ones, and then he just refused. He had decided for himself, at ten months old. (Tanja, 36, one child, St. Petersburg)*

Although self-weaning was seen by my interviewees and by long-term breastfeeding proponents as ideal, it was deemed 'right' only when the child's self-weaning was gradual and during a specific age range. Self-weaning was considered normal when it was implemented by a toddler, but self-weaning by an infant was seen as 'false'. While in Anglo-Saxon countries self-weaning by a child under the age of one is called a 'nursing strike', in Russia it is called 'false self-weaning' (*lozhnoe samootluchenie*). False self-weaning entails an infant's refusal to take the breast or suckle even if she is hungry, and the term is usually applied to children under the age of six months. The concept of false self-weaning is noteworthy since it involves the false agency of a child in regard to feeding. But can such agency be false? According to the natural parenting ideology, everything natural including breastfeeding is made for a purpose and is deemed perfect. In this vein, a mother has to follow Nature, which is 'reflected' in her instincts and in the baby's needs and signs. However, if a baby did not follow the scenario prescribed (as was my interviewees' understanding) by Nature, the proponents of long-term breastfeeding considered such behaviour a 'breakdown', but not the fault of Nature. Neither the proponents of breastfeeding in general nor my interviewees in particular entertained the possibility of Nature conceiving a baby to self-wean earlier than on average.



My interviewees argued that ‘real’ self-weaning implied a steady decrease in the frequency and duration of the baby latching on, and required the child to be more than six months old. While steadiness is an imprecise characteristic, the age of the child as a borderline between ‘false’ and ‘true’ is more transparent. Six-month-old babies are expected to be more developed than four-month-olds. The older a baby gets, the more developed her cognition and body become. As the baby grows, her consciousness, nervous system, and communication skills (particularly verbal) expand. According to my interviewees, there were more options for various types of encounter with a toddler than with an infant:

*Mothers who are considered to be natural mothers breastfeed until they're blue in the face, so they assume that the breast replaces any encounter with the child. Since it does actually replace other encounters until the baby is six months old, you can engage with the older child while the younger one is latching on if, say, your two-year-old brings you playdough [...] And the baby will surely carry on feeding since she's dependent on her mum. But as to whether the mother should tear herself away from something and play – no, there's no way. (Valeria, 28, two children, St. Petersburg)*

Penny Van Esterik (2002: 259) points out that in some cultures breastfeeding is supposed to be stopped when a child starts talking and develops self-perception. This was also relevant in the case of my interviewees. From their point of view, the moment that verbal communication becomes ‘available’ and a reasonable type of encounter with the child becomes possible, this signals a decrease in the child’s need for breastfeeding. The child’s ability to communicate verbally and her growing demands for other forms of encounter with the mother made it possible for my interviewees to bargain, negotiate, and reason with their child. Even though a toddler who is able to speak and interact with a mother verbally is not always happy about the cessation of breastfeeding, and some mothers have to take special measures to stop nursing (e.g. involve the father in getting the child to settle down in the evenings before bed<sup>29</sup>), my interviewees rarely regretted their decision at this point.

Growing out of the need to breastfeed was one of two legitimate reasons for stopping nursing. The other, albeit somewhat less legitimate reason according to my interviewees was pregnancy or planning another baby. Lactation might prevent some women from conceiving, especially if they do not menstruate while they breastfeed (La Leche League, n.d.; Dobrokhotova &

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<sup>29</sup> The purpose of the father’s involvement at bedtime, for example, is to avoid causing the child any stress as a result of seeing or smelling her mother. The mother’s absence during such periods is seen as less stressful for a child since many children are used to suckling before they fall asleep.

Mandrykina, 2012; Yakushevskaya et al., 2013). Due to its situational contraceptive effect, breastfeeding is considered both by laypeople and by some healthcare professionals as a birth control method, although the latter see it as ‘traditional’ and of low efficiency (Sakevich, 2010; Temkina, 2012). The contraceptive effect of breastfeeding – lactational amenorrhea – has long been known and was actively used in family planning prior to the 20th century in Russia (Ransel, 2000: 199; Mironov, 2003: 185).

*A: [...] I weaned my daughter. We'll see how it goes with Peter. I can't promise that I'll continue until self-weaning, since I know that sometimes this happens really late. Children might breastfeed until they're five or six years old. I'm not sure that I'd have enough patience for that.*

*Q: How did you make the decision to wean your daughter?*

*A: I was pregnant with Peter, and it [breastfeeding] became unpleasant for me, so I began to wean her. And there were signs that she was ready, since she started to fall asleep without me at night. So I weaned her. (Sasha, 37, two children, St. Petersburg)*

Sasha's narrative shows that a mother's discomfort or (dis)stress was not a legitimate enough reason to stop breastfeeding, as far as my interviewees were concerned. It became validated or legitimised only due to reproductive plans or the ‘readiness’ of the child. In Sasha's case, there were grounds for both: she was pregnant and her child was ‘ready’. Breastfeeding had also become ‘unpleasant’ for Sasha. Yet her discomfort was subsidiary to the main reasons. For those of my interviewees who did not plan to increase their family further, the legitimisation of their distress as an argument for stopping breastfeeding was enacted in the course of the child's growth. While my interviewees were determined to overcome any discomfort during the child's infancy, they were less willing to do so with a toddler.

Even though breastfeeding might greatly intensify maternal care for children in all of its aspects – psychically, emotionally, and cognitively – some of my interviewees regarded this practice as making everyday care activities easier as well. First of all, breastfeeding was seen by the natural mothers I talked with as not requiring additional substances, such as formula and warm water, or items, such as bottles:

*The first reason why breastfeeding is more convenient for me is that it's easier than washing all of those bottles, and preparing the formula – it drives me crazy! (Katja, 36, two children, Moscow)*

My interviewees argued that breastfeeding provided them with more mobility, freedom, and independence, as breastmilk did not require any preparation and was always available. The use of a sling facilitated breastfeeding because the mother did not have to look for an appropriate place to nurse. The sling was calm and clean and also contributed to her mobility:

*I almost always fed her in a sling. I just covered her with the fabric and nobody stared at me. Once I was at a birthday party at my relatives' place. I drank wine and ginger-head [her daughter] wanted to sleep. I put her in the sling. And they said: 'Are you feeding her?' ... I said, 'Yes, I am'. (Valeria, 28, two children, St. Petersburg)*

The convenience of breastfeeding related not only to the provision of nourishment but also to establishing and sustaining emotional contact. Breastfeeding made everyday encounters with a child who needed maternal affection easier:

*It's one option to calm the baby down when she's teething, when she's sick with all these rotaviruses and other rubbish, and she doesn't want to eat because chewing is too painful [for her]. So, it's some kind of additional relief for a mother to know that the child won't starve. I can ease the situation by carrying her in my arms and breastfeeding her, and this will involve less effort too. (Maria, 32, two children, Moscow)*

The soothing effect of breastfeeding facilitated the emotional labour carried out by the mother in situations where the baby was distressed to a greater or lesser extent. Almost all of my interviewees admitted that their children calmed down soon after they latched on. My interviewees recounted numerous stories about how breastfeeding helped them to overcome highly stressful situations caused by their children's traumas and illnesses. For instance, Larisa's daughter almost cut her finger off once during a holiday in Europe. The family rushed her to hospital where the finger was sewn back on. Larisa suckled her daughter right after the incident, and said that thanks to breastfeeding everything went like nothing even happened. Larisa was absolutely calm and sure that everything would be fine on account of the breastfeeding, adding that but for breastfeeding, she would be more scared and consequently her daughter would be too.

*She sensed my calmness, suckled and that was it. The finger was stitched back on, some procedures were carried out, and it [the finger] knitted [...] everything was fine like nothing had happened. (Larisa, 37, one child, pregnant, St. Petersburg)*

Besides significantly mitigating distressing events, breastfeeding alleviated the mother's emotional labour in everyday situations such as getting the baby to sleep. When integrated into everyday routines, breastfeeding helped my interviewees to decrease the effort expended on both emotional and cognitive labour.

*For instance, he [her son] calmed down faster during the night if something woke him up [...]. He latched on for just five minutes and that was it – he fell asleep. So there was no need to read a story to get him to doze off. It was definitely easier. (Dana, 33, two children, Vologda)*

The soothing effect of breastfeeding was paramount for those of my interviewees who lacked support due to either an unequal gender labour division in their families or to being a single parent (like Agata). For instance, Maria said that her husband did not appreciate the idea of long-term breastfeeding for their elder daughter.<sup>30</sup> She did not specify the reason for her husband's resistance. However, my data show that in the case of boys some people resist long-term breastfeeding because they believe it influences the child's sexuality. The relatives of some of my interviewees argued that long-term breastfeeding could make children gay (which was indicative of homophobia in the case of these relatives). Interestingly, my interviewees did not raise the issue of the actual or possible sexuality of their children, and nor did any of them express any homophobic attitudes. After Maria was hospitalised for a week, her husband changed his mind. This period was tremendously challenging for him and Maria's mother-in-law because getting their eighteen-month-old daughter to sleep was problematic. They spent a lot of time singing to her and trying to get her settled. Consequently, when Maria was discharged from hospital, her husband changed his mind in regard to discontinuing breastfeeding because he was not ready to handle the routine bedtime care of their daughter.

*And when I got back home from hospital and the child fell asleep in two minutes [laughs], it became a reason for us not to stop [breastfeeding]. (Maria, 32, two children, Moscow)*

Maria's story is illustrative of the way in which family members might support long-term breastfeeding because of their reluctance to change the family

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<sup>30</sup> There was a five-year age difference between Maria's two daughters. At the time of this incident, Maria's elder daughter was an only child.

routine and the established division of childcare duties between parents. It also reveals why my interviewees might practise long-term breastfeeding accompanied by co-sleeping and baby-wearing. Being the primary caregiver and experiencing insufficient hands-on support, my interviewees tried to facilitate and optimise childcare.

Research on Russian families and parenting shows that, despite all of the transformations in terms of family values, practices, and gender norms, mothers still shoulder the main responsibility for childcare. Russian fathering is characterised by paternal under-involvement, while state support for families is scarce as mentioned earlier (Avdeeva, 2013; Bezroukova, 2013; Chernova, 2013). Under these circumstances, unproblematic breastfeeding deeply integrated into routine childcare became a time-saving instrument for my interviewees and minimised the physical, emotional, and cognitive input that they had to provide in caring for their children. The fact that my interviewees explicitly recognised breastfeeding as such a tool allowed them to consider the implementation of this practice as a form of caring for themselves, and not only their children. However, it also raises the question of why the natural mothers I talked with did not problematise the character and scale of the father's participation in childcare, although they did problematise the division of household chores. This contradiction and inconsistency revealed that my interviewees considered housekeeping separately from childcare. While the former was seen as a joint endeavour for both spouses by the 'natural' mothers, the latter was predominantly the mother's responsibility (at least until the child was breastfed). I assume that this perception signified the hybrid idea of gender roles specific to my interviewees, combining an egalitarian approach to housework with an essentialist view of mothering and childcare.

The reason why the natural mothers neither problematised the father's insufficient participation in childcare nor delegated the feeding to the father also relates to the fact that many of my interviewees experienced breastfeeding as a unique, very specific, and pleasant moment of contact with their children. This contact was rewarding for the natural mothers I talked with:

*[...] I came home from work, she took my hand, led me to the sofa, hugged me, and I completely switched from work to the home regime during this 10 to 15 minutes. I mean it was really pleasant. (Elena, 42, three children, Moscow)*

Some of my interviewees felt miserable and upset when this specific contact came to an end along with the breastfeeding. Some of them were even more stressed than their children. For instance, Valeria was depressed when she had to suddenly stop breastfeeding her elder son in order to treat her illness with antibiotics incompatible with nursing.

*[I] came and said: 'Mikko, mummy is ill' [...], and I had smeared Brilliant Green<sup>31</sup> [on my breasts]. [...] He was like 'Ha ha ha, very funny, I don't want a green booby'. [He] went to sleep. [He] woke up next morning, and I thought it would be difficult. He fell asleep without suckling for the first time, woke up in the morning and like: 'Ha-ha-ha, still aching, you're so green, no, I won't [be fed]'. I honestly didn't breastfeed for a week, although I expressed something. And then he refused, said 'No, no, no'. So then I had a very bad conscience, and was trembling because I was so hormonal. I wanted to feed him so badly. I wanted my little baby, he had grown up so much.[...] But he refused. I felt so bad [...] and I couldn't even tell anyone about it ... Only some girlfriends from the sling gang. I could tell them: 'It's so hard, awful, I can't stand it.' (Valeria, 28, two children, St. Petersburg)*

The narratives about the unique mother-child contact could be regarded as a nursing 'side effect' or a discursive strategy used by my interviewees to rationalise the implementation of breastfeeding. These narratives could also be seen as an element of my interviewees' identity work (Hays, 1996; Douglas & Michaels, 2004; Faircloth, 2013). The ideology of contemporary intensive mothering not only promotes the idea of the mother's primary responsibility for childcare and the child's well-being, but also implies that a mother enjoys parenting (Douglas & Michaels, 2004: 4-6). However, following Adrienne Rich (1995: 13, 36-37), who states that 'women's experiences of mothering could be both oppressive and empowering to women', I argue that these narratives reflect the actual feeling of pleasure my interviewees experienced. This feeling was not a result of the internalisation of the intensive mothering ideology. The way my interviewees spoke about the contact, love, and affection provided by breastfeeding reveals that the implementation of natural mothering provided a space for the mother's egoism and pleasure.

The natural mothers' self-care and delight also emerged within the framework of the baby-wearing practice. The ideological promoters of natural parenting advise carrying babies in special carriers in order to create and sustain a tight emotional bond between mother and child (Sears, 2001). Nowadays there are multiple options such as scarf-slings, slings with rings, and rucksacks. However, an analysis of internet forums, blogs, and websites revealed that natural-parenting followers consider only certain types of baby-carriers to be safe and healthy, namely fabric slings and rucksacks without a hard back ('Kenguru' i ergo-ruksak..., 31 Aug).

When discussing baby-wearing, my interviewees rarely talked about this practice in terms of facilitating or providing a mother-child attachment. Rather, they often saw baby-wearing simply as convenient. First of all, slings proved to be convenient in situations where children refused to use a pram or a pushchair.

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<sup>31</sup> In Russia (and in the former USSR states), a dilute alcoholic solution called Brilliant Green is sold as a topical antiseptic, known colloquially as *zelyonka*, literally an informal word meaning 'the green'.

*When she [the elder daughter] was a bit bigger, we tried to put her in a pushchair. She hated it and screamed. When she was ten months old, we bought a scarf-sling and I was happy about this [...] But I carried Stephan [the youngest son] in a sling far less because he loved the pushchair. (Zoya, 37, three children, St. Petersburg)*

Like breastfeeding, baby-wearing had a soothing effect, according to my interviewees, and their children calmed down when carried in a sling or a rucksack. Due to its soothing effect, baby-wearing eases a natural mother's emotional and cognitive labour, allowing her to pursue various everyday activities unimpeded or distracted by the child.

*It's [baby-wearing] convenient [...] it's convenient for cooking – you 'put the baby on' and cook. It's convenient for shopping, and for gathering mushrooms and berries. (Galina, 35, three children, Vologda)*

Besides easing their emotional labour, baby-wearing provided my interviewees with greater mobility.

*A sling is convenient for moving around, for going shopping. You put the child in a baby-carrier and off you go. [...] You can't go everywhere with a pram. The pram was for long walks. Once we visited someone who lived a long way away. So I popped him into the sling and we went by bus. It was very convenient. (Oxana, 32, one child, Vologda)*

Interviewees from all three cities felt that public infrastructure was inconvenient for those with low mobility, as it prevented their free movement across public spaces when accompanied by infants and toddlers:

*It's not at all easy to move around with a pram. In fact, it's very difficult. I like to walk a lot, but not just in those places where there's asphalt. Actually, there's not much asphalt in our city in general and it's a mess in the suburbs! And the pram is no easier in this sense: you have to lift it up at every kerb [...]. Maybe if there were an ideal pram which cost an enormous amount of money, and a house with land where everything was perfect, then a sling wouldn't be necessary. (Dana, 33, two children, Vologda)*

Many public city spaces across Russia, even those intended for citizens with limited mobility and those with young children, such as healthcare centres, for instance, or residential houses, lack ramps and automatic (or at least wide enough and easy to open) doors and entrances. Access to them might also be complicated by poor street planning and a lot of parked cars. The cars might be parked so close together that they make it impossible to access the kerb, even for someone without a pram. At the same time, the kerbs either do not have any slopes at all or have very high slopes that call for lifting or other actions with a pram in order to get onto the kerb. The public transport is also poorly designed for those with limited mobility. Buses and trams often have steps at the entrance that make it difficult to get on with a pram. Lifts are available at only a few stations in St. Petersburg and Moscow underground stations, while services such as passenger assistance for citizens with low mobility, provided by underground staff, have appeared only recently. This service implies that a mother with a toddler, or a wheelchair user, for example, could apply for assistance during their underground trip, whereby the assistant would help by opening doors, carrying the person's bags, or even the pushchair or wheelchair to help them board the train.

*[With a sling] I can get onto a bus without worrying that I might drop the pram or might need help from passers-by for some reason. [...] This happened once when I took the pram while visiting my relatives at the far end of the city and there was no one on the bus. It was morning, and there was no one at the bus station either. The pram tipped forwards and my son bit his tongue. He was awfully upset and I was filled with the 'I'm a terrible mother' feeling. (Svetlana, 27, two children, Vologda)*

Providing my interviewees with greater mobility, baby-wearing also allowed them to save money:

*We don't have a car. My parents live in the Moscow oblast, and visiting them takes almost an hour on the underground and an hour by train [...] and it's particularly hard with a pram and a newborn. Taxis or something like that are simply too expensive. But it's okay with a sling. (Maria, 32, two children, Moscow)*

By ensuring the safety and general mobility of my interviewees, baby-wearing also had an effect on their socialisation, by diminishing their social isolation and deprivation:



*It's harder to walk with a pram. I had friends whose husbands were at the office the whole day. They took the baby out in the pram, walked around the block a few times or went to the park, saw no one, saw nothing. During the weekend, they went to the mall with their husbands. [...] I didn't have those kinds of experiences as I wore a sling. (Valeria, 28, two children, St. Petersburg)*

Finally, baby-wearing became a source of aesthetic delight and satisfaction for some of my interviewees. Despite the fact that until recently slings and baby-wearing were perceived by the wider public as odd-looking and associated with low-status or marginal mothering characterised by poverty and social deprivation, my interviewees held the opposite view:

*I adore folk music, especially the band 'Melnitsa' and the singer Hellawes. She actively promoted baby-wearing for some time, and I fell in love with these images. I know that I don't look as beautiful as she does with a sling [...] That's a professional photo, while real life is different. But I still felt like a princess. (Svetlana, 27, two children, Vologda)*

My interviewees did not necessarily take to baby-wearing right away. Some natural mothers had a low opinion of it at first, but they came to change their mind over time, or after getting accustomed to the practice:

*I was thinking: come on, what a rag! Like a gypsy! It looked unaesthetic to me. Moreover, it wasn't my style because slings suit dresses and skirts better, and I was used to wearing jeans and trousers. But when I touched it [the sling], and saw how people wrapped it around themselves, I liked it and bought one for myself, and then another one a bit later. [...] The first one was blue and I thought that it didn't go with all my outfits, so I bought another one, a grey one. (Sasha, 37, two children, St. Petersburg)*

In contrast to prams or pushchairs, slings are compact and portable when folded, and require less storage space and care. The majority of residential houses in Russia do not have a communal area or room for storing prams, so people keep them either in public corridors or in their apartments. In the former case, it does not guarantee safety as a pram or pushchair might be stolen, while in the latter case it is inconvenient and dirty during the autumn and winter. While cleaning a pram or pushchair might be challenging, slings can be washed in the washing machine. Moreover, the easy-care features of slings mean that a mother can own more than one. The diversity of existing models varying in size, material, colour, design, and pattern means that they

are adaptable to different outfits, weather conditions, and needs. This allows mothers to adopt a particular style and express their individuality. It makes them feel fashionable, on-trend, and good-looking according to Regina, a 36-year-old mother of two children from St. Petersburg and the editor-in-chief of a website and Facebook group dedicated to slings and baby-wearing.

The natural mothers I interviewed did not discuss or mention the sexual aspect of looking good in regard to baby-wearing and its aesthetics. Based on my analysis, I argue that, for my interviewees, sling-wearing was more related to feeling beautiful. This beauty was non-conventional and did not appeal to men as a referent group. Rather, the beauty and baby-wearing aesthetics were oriented mainly towards other 'natural' mothers. Moreover, being associated by the wider Russian public with marginal low-status mothering (*like a gypsy*), baby-wearing could hardly be linked to sexual attractiveness. Indeed, Russian society has an extremely negative attitude towards Romani people (Petrenko et al., 2002; Marushiakova, Popov, 2003). In Russia, the Roma are considered to be uncivilised, uncouth, and crooked (Petrenko et al., 2002: 39; Marushiakova, Popov, 2003: 308). The conventional Russian image of a Romani person is a drug dealer or a street beggar (Marushiakova, Popov, 2003: 308). In contemporary Russia, there is no public trope denoting a gypsy's sexual attractiveness.

For some of my interviewees who practised baby-wearing, collecting slings became an exciting hobby that satisfied their aesthetic sensibilities. In Russian natural-mother parlance, this hobby is referred to as *sharfyanka* (*sharf-* means scarf, while *-yanka* is a suffix frequently denoting the names of illnesses):

*I had a stunning collection [of slings] including a unique one, the only one of its kind in the whole world! [...] I had two collections, in fact. [...] One collection was literally unique. A long time ago, when it was just established, the manufacturer Didymos invented this pattern [called] Indio. It was woven using threads of two or three different colours. The former was made in black and white, and the latter was multi-coloured. Nowadays we call it a tricolour. Back then there were six [tricolours], and later in the 1990s they created one more tricolour – the seventh. I collected all of them. [...] I was thrilled and passionate about wearing slings in those days! I really loved hunting for those beautiful, intriguing fashion accessories! (Agata, 42, one child, Moscow)*

Agata's narrative illustrates how baby-wearing was a source of delight for some of my interviewees. It also reveals how and why baby-wearing aesthetics were confined to a specific coterie. Baby-wearing aesthetics could be compared to high culture since it entails quite specific knowledge about brands, patterns, and the history of slings. While for many lay Russians,

regardless of their gender, any sling is merely a 'gypsy rag', for some of my interviewees slings were distinctive, and included really exclusive pieces.

Yet purchasing more than one sling, or collecting slings, might be costly and out of reach for some natural mothers:

*I wasn't infected [with sharfyanka]. It's a very expensive obsession. The saying 'I'm not an extravagant mother' springs to mind here. (Svetlana, 27, two children)*

Collecting slings is an expensive hobby. Prices range from 1,000 roubles (approximately 13 euros) to 2,500 euros. The prices are given in both Russian roubles and euros because slings from Russian manufacturers are considerably cheaper and sold in roubles, while the most expensive slings are produced outside of Russia, sold worldwide, and priced in euros or US dollars. What is more, currency rates fluctuate constantly over time, while the prices of the most expensive slings hardly change. Cheaper slings are of lower quality and made of linen or cotton. The most expensive ones are rare and collector's items made of silk and cashmere, which some natural mothers 'hunt for'. The average cost of a non-Russian-manufactured sling, such as the popular Didymos brand, is about 105 euros. This is costly in the Vologda region, where the average salary is about 34,820 roubles (approximately 442 euros) (Vologdastat, 2018).

On average, my interviewees owned from one to three slings. Yet some 'natural' mothers I talked with had so-called sling stacks (slingostopka), consisting of more than five branded slings. The price of a modest sling stack starts from about 400 euros. If it includes rare or exclusive slings, the cost is inflated. For instance, one of my interviewees, Rita, had two rare collections (which she subsequently sold), the total cost of which was 5,000 euros. In other words, apart from a mother's desire to look good, and demonstrate fine taste and an awareness of sling brands, materials, patterns, and so forth, collecting slings required the finances to do so. As a result, sling collecting revealed not only the specific status of my interviewees within the community of natural mothers as committed and knowledgeable baby-wearers, but also their actual financial status in the framework of Russian society. It showed that some of my interviewees possessed sufficient financial resources that allowed them to indulge in costly hobbies.

In the meantime, the fact that the sling collectors were in the minority among my interviewees exposed two things. First, it revealed that the implementation of natural parenting might involve conspicuous consumption, which is not available to everyone. Some natural mothers did not buy expensive slings, preferring cheaper ones. Second, some of them made their own slings. Third, baby-wearing could be seen as a means by which my interviewees cared for themselves. The vast majority reasoned their use of baby-carriers mainly by appealing to their own comfort and delight.

### 3.4 CARE FOR 'NATURAL' MOTHERS

Besides being a caregiver towards their children and themselves, my interviewees were also caretakers while their husbands and partners acted as potential and actual caregivers:

*[...] my husband was very supportive. He attended courses with me, and he knew the rules in general. He was not shocked when the baby was latching on every ten minutes, and he patiently brought me tea in bed, if it was necessary, and read to me when I was only able to attach [the baby to the breast] in a strange position [laughs]. So I had a lot of support during the first few months. (Nancy, 36, two children, Moscow)*

According to my interviewees, the ideal form of practical support provided by a partner was an arrangement that fostered so-called nesting (гнездование, гнездоват'ся) for mother and child. Nesting involves a mother's sole focus on lactation and breastfeeding and uninterrupted nursing on demand. In order to nest, a mother needs someone to take care of all the household chores. The nesting arrangement is often problematic for both parents. They might have older children who require their parents' attention and care and who therefore prevent the mother from nesting. Moreover, Russian fathers usually work outside the home, while parental leave, although legally available, is not a common practice in Russia (Avdeeva, 2013). Hence, even minor practical actions taken by a father and aimed at supporting mother and child were regarded as care by my interviewees.

The husbands and partners also provided my interviewees with emotional support. For instance, Julia struggled to establish breastfeeding, which was enormously important to her. As discussed in the previous chapter, she was pressured by medical staff to introduce her child to formula. Julia's husband encouraged her to continue trying to breastfeed and agreed that the child did not need supplementary feeding.

*He [her husband] arrived at 11am [at the maternity unit where Julia and her baby were staying] and told me that we have a wonderful baby, that he doesn't need anything [formula]. 'Wait for a while, everything will be fine', he said. He kept saying that for four days and then the breast milk appeared and everything was fine. (Julia, 31, one child, Moscow)*

It is worth noting that the absence of resistance on the part of the father was also seen by my interviewees as a form of support. Meanwhile, the narratives of many natural mothers revealed that a father's willingness was not always

caused by their adherence to the ideas of natural parenting. In some cases, it stemmed either from the father's recognition of the mother's primary responsibility and expertise regarding child rearing or from the male 'surrendering'. For instance, Tanja decided to give birth at home. Her husband was against the idea but nonetheless tried to support Tanja when she was in labour:

*He understands that it's useless to argue with me. He says, like, 'Just do it'. When I told him that I wouldn't go to a maternity hospital [to deliver], he knew I meant it. He said: 'But I won't be able to stand it! I'll sit on the balcony and smoke nervously! I won't be present [during the home birth], no way, never!'. But as it happened, he came into the bathroom every 15 minutes and asked us [Tanja and the midwife]: 'May I help anyhow? May I help in any way?'. We shooed him out but he came back [...] Eventually we gave birth together. He sat on the chair, I squatted, rested my head in his lap, and he massaged my back. (Tanja, 36, one child, St. Petersburg)*

While Tanja and some other interviewees were explicit about their decisions and intentions, about giving birth at home for example, and fair towards their partners, others prevaricated and used various strategies to carry out their aims without informing their partner in advance. One such strategy was to avoid discussions and break promises, illustrated in Zoya's case:

*He [her husband] wanted a midwife [to assist the home birth]. It was clear that [without a midwife] he would have more responsibility otherwise. Well, I felt that I didn't need anyone on that occasion. But I didn't argue with him. I told him that I'd visit a midwife, and make arrangements with her, but it didn't happen. So he just gave in to me while I was pregnant, and we didn't quarrel. (Zoya, 37, three children, St. Petersburg)*

Zoya had set her sights on an unassisted home birth for her youngest child. Her husband considered it risky and insisted on the assistance of a midwife. Zoya promised her husband that she would arrange for a midwife to be present while she was in labour, but she had no intention of keeping this promise. During the course of her pregnancy, Zoya's intentions became clear to her husband and he eventually acquiesced.

Another strategy involved going ahead without revealing intentions at all. The most illustrative case in this regard was that of Sofia. Sofia wanted to give birth to her younger child at home, assisted by a midwife and a doula. She duly concealed her intentions from her husband right up to the day that she gave birth:

*I didn't tell my husband. I imagined that it [the labour] would start during the night. So they would be asleep and I'd deliver in the kitchen somewhere.[...] I planned everything and also considered that he might be on a business trip at the time. (Sofia, 33, two children, Vologda)*

Sofia also evaded the issue when her husband asked her point blank whether she was going to give birth at home:

*Three weeks before the birth, my husband [...] came home and asked me: 'Are you going to deliver at home?'. I replied: 'Where did you get that idea?'. (Sofia, 33, two children, Vologda)*

As it happened, everything turned out happily for Sofia. On the day she went into labour, her husband and elder son went swimming. Sofia also told them to visit their grandfather after that. As soon as Sofia's family left, she called her doula – a woman who provides emotional, informational and practical assistance during pregnancy and labour but does not provide any medical or pharmaceutical supervision or intervention – and her midwife, and delivered her baby at home by the time her family returned.

Both strategies excluded straightforward communication between partners and entailed a degree of manipulation. Anna Temkina and Elena Zdravomyslova (2007) define such strategies as female power. Based on James Scott's (1985) thinking about the everyday resistance of subordinated groups, they draw on Scott's concept of the power of the weak and discuss the female power of Russian women. According to Temkina and Zdravomyslova (ibid.), female power, like the power of the weak (Scott, 1985), has the following traits: it entails an indirect or manipulative influence over dominant actors (i.e. men in the case of my interviewees); the borders and boundaries of this power are unclear and fluctuating; it implies the violation of societal rules; and is grounded in the private sphere.

The case of those of my interviewees who implemented the above-mentioned strategies exposed the same traits. Even though some of them made decisions and implemented them unilaterally, they also considered it necessary to obtain their partner's approval. However, if my interviewees were sure that their partners would not support these decisions, they decided to fulfil their aims without discussing them beforehand. What this reveals is that despite my interviewees' responsibility and dominance over the organisation of family life and childcare, some of them lacked actual legitimacy (Zdravomyslova & Temkina, 2007).

Under these circumstances, the communities of 'natural' mothers became the major source of support and care for my interviewees. As discussed in the previous chapter, my interviewees appealed to various types of communities – online communities, mothers' get-togethers, and

communities established on the basis of courses for mothers-to-be. Apart from advice and information, my interviewees received emotional support and encouragement with regard to their parenting style through these communities.

In the case of smaller cities such as Vologda, this emotional support and encouragement played an important role for the natural mothers I interviewed in light of the general public's non-acceptance of natural parenting. According to my Vologda interviewees, 'natural' mothers were publicly denigrated and ostracised because of their parenting style:

*YXM [the Vologda natural mothering centre] was not at all popular. We were referred to as a sect, and described as weird [...], when women with slings walked past, they were called gypsies and so on [...]. This stereotype was impossible to overcome. [...] I'm happy I was where I was needed [at this centre] at that time. (Elina, 36, one child, Vologda)*

The natural-parenting communities encouraged my interviewees to make new friends with like-minded people. This friendship engendered various types of support when needed:

*We made some good friends in this group [for mothers-to-be held by a well-known doula in Vologda], and Serafima's girls [the church-based courses for mothers] joined. Then Antonina [another famous active promoter of natural parenting in Vologda] brought us together [...]. We met regularly. [...] I know that I can call them at any time if I want to ask something. This is very important for me. (Sofia, 33, two children, Vologda)*

The members of such communities, especially off-line groups, care for each other and perform a significant amount of emotional labour aimed at supporting their peers. For instance Svetlana, quoted earlier, who tripped with her pushchair while getting off the bus, visited Daria right after the incident:

*Well, actually everything was fine [after the incident]. I visited Daria, who lived not far from there, and she calmed me down by saying things like: 'Okay, he's fallen but look – he's alive, no fractures, everything is fine'. (Svetlana, 27, two children, Vologda)*

The role played by natural parenting communities in providing a source of care and support for my interviewees cannot be underrated. When talking about the support and care they had received, almost all of my interviewees

mentioned the community, hardly anyone mentioned their families or partners, and none of them mentioned the state or society. This fact provides an interesting perspective on care relations and their analytical comprehension. Like Roseneil's findings (2004), it challenges the (hetero)normative and familialistic understanding of care relations. Family and kin are regarded by many researchers as the major source of support for people, especially for heterosexuals, and are either explicitly or implicitly operationalised as primary and/or secondary (Roseneil, 2004; Lynch & Walsh, 2009). At the same time, care relations in which people are not bound by blood or kinship are understood as residual and less supportive (Lynch & Walsh, 2009). Yet my analysis shows that in some cases the care provided in solidarity relations or relations based on common experiences and/or ideas are characterised by more emotional and cognitive labour than care provided by family members. Consequently, this demonstrates how the implementation of non-conventional mothering redefines and reframes the normative discursive structures and hierarchies of care-based forms of relatedness.

### **3.5 CONCLUSION**

None of my interviewees challenged the idea specific to the ideology of natural parenting, and to many post-industrial societies, of a mother being the primary and most important caregiver for a child. Representing and positioning themselves as caregivers and, more importantly, as caregiving parents, my interviewees saw their major task as securing their child's current and future well-being. From the point of view of my interviewees, the well-being of a child is achieved and ensured through affective caring for the child carried out in accordance with the natural parenting recommendations.

The commitment to the contemporary imperative of happiness, actively promoted and supported by psychologists, managers, business corporations, and authorities (Illouz, 2007; Ahmed, 2010; Ahmed, 2013; Ben-Arieh et al., 2014: 8; Lerner, 2015; Seagal, 2017: 13-14), combined with an understanding of natural parenting practices as a tool of happiness achievement, rendered maternal care for a child enormously demanding for my interviewees. It transformed the mothers' bodies and their particular parts and organs into instruments of care for children. Moreover, it required natural mothers to carry out not only extensive emotional, cognitive, financial and physical labour in respect of this care, but also in some situations to perform laborious emotion management and manipulation. Considering breastfeeding as being of vital importance for the child's well-being, my interviewees managed the distress and discomfort caused by nursing for significant periods of time. The mother's prolonged stress was not perceived as a legitimate reason for stopping breastfeeding. On the contrary, it was eventually legitimised in the child's growth. The development of the child's physical, cognitive, and communicative skills validated the mother's distress as the grounds for



breastfeeding completion. The same was true of a natural mother's reproductive plans.

Despite the fact that implementing natural parenting practices might be tremendously challenging and exhausting for natural mothers, it is also a form of maternal self-care. The soothing effect of some natural parenting practices turned them into a useful tool, allowing the mothers to save time and alleviate the burden of the emotional work they shouldered. Within the framework of the fathers' general under-involvement in childrearing and lack of hands-on support by other actors, it significantly facilitated the everyday routine care for children that was performed for the most part by the mothers. Apart from the functional convenience, some natural parenting practices provided the mothers with aesthetic delight, effectively allowing them to construct their maternal attractiveness and achieve a higher social status in their reference group. Some practices also rewarded the natural mothers with physical pleasure, which was essentially of the moment and could not be commodified or converted into any other benefits. In other words, natural parenting offered possibilities for a mother's self-nurturing and self-satisfaction.

Nevertheless, even though the parenting model under study provided its followers with certain benefits, it also essentialised mothering and its implementation reproduced and reinforced the unequal gender division of care duties within families. Within the framework of this gender-unequal organisation of care for children, some natural mothers might clearly lack both emotional and functional support from other kinsfolk and partners since the practices they implement challenge the conventional social order. The wider public, especially in smaller cities such as Vologda, consider natural parenting as a deviant or even marginal form of mothering. Confronted by the need to acquire knowledge, affective encouragement, and approval, my interviewees turned to associations of like-minded people, relations with whom were seen from the perspective of a (hetero)normative and familialistic approach to care as being less supportive and less involving than connections with immediate family and kin. Yet for my interviewees, like Sasha Roseneil's (2004) interviewees, these friendship- and solidarity-based relations became as important as familial connections were supposed to be. Indeed, they were one of the major sources of support and (self-)care for the natural mothers that I talked with.

## 4 KINSHIP: BLOOD AND BOND

In this chapter, I focus on kinship, and the perceptions and transformations pertaining to it that are specific for natural mothers and their families. Expanding on the analysis of knowledge and practices of my interviewees represented in the previous chapter, I examine what is mobilized around kinship and what happens accordingly when the model of natural parenting is implemented. I explore how certain types of relationships are created and cultivated, between what kind of kinfolk they are sustained, what they come to mean, and how they are reasoned by natural mothers. To this end, I pay attention to those kinship ties and relations that concentrate on or derive from childcare since my primary research interest is a particular form of parenting.

To address these issues, I begin by thoroughly conceptualising and operationalising the concept of kinship by drawing on the recent research in and approaches to kinship, initially touched upon in the Introduction. I then turn to a discussion of the conventional kinship practices in Russia, namely extended mothering. After that, I analyse how and what forms of relatedness and kinship are conceptualised and actuated by 'natural' mothers, as well as who gets excluded and why. Finally, I summarise my findings by suggesting that natural parenting implementation leads to a certain nuclearisation of the families of natural mothers. This nuclearisation results from 'natural' mothers distancing themselves from their elder female kinsfolk as a result of the intergenerational conflict over mothering knowledge and appropriate childcare practices. Nuclearisation becomes possible due to the resources possessed by 'natural' mothers and their husbands or other male partners in their parenting arrangements.

### 4.1 KINSHIP AND PARENTING

As discussed in the Introduction, the way in which mothers parent is regulated and influenced not only by the structural conditions and various discursive formations, but also by kinship. Kinship, which is a societal cornerstone even in post-industrial societies, implies various relations and moral obligations of kin that can be seen both as conceptual and interpersonal (Strathern, 2005). While conceptual kinship obligations are imposed by logic and the power of articulation, interpersonal kinship relations and obligations are actuated through a particular history of people (*ibid.*: 7). The distinction between conceptual and interpersonal is not dichotomous, and nor do these categories comprise mutually referential opposites; rather, they are intertwined (Strathern, 2005: 8).

Yet kinship itself is a social construct (Carsten, 2004; Strathern, 2005; Sahlins, 2013). As Kath Weston's research on chosen families (1997) shows,

kinship could be constructed by people who are not biologically related to each other. Relatedly, one of the cases analysed in Marilyn Strathern's (2005) study demonstrates that biological relatedness might not be regarded as grounds for the continuation of relations between kinsfolk. These two examples reveal one more dimension of kinship which Strathern conceptualises in terms of connections and disconnections — 'who may or may not be counted as relatives' (*ibid.*: 7).

The connections/disconnections duplex, the conceptual/interpersonal tandem, and the contrast between existing relations and deliberately created ones represent one of the three dimensions of kinship, and should therefore be considered jointly within the framework of kinship analysis (Strathern, 2005: 7). For instance, the research on chosen families by Weston (1997) shows how queer people and their children, as seen by multiple social actors, such as state or insurance companies - disconnected in terms of Strathern - are engaged in conceptual and interpersonal relations. While some of these relations exist divergently (e.g. between children and their social and biological parents), some of them are recreated through re-descriptions or re-imaginings of connectedness (e.g. between intimate partners, ex-lovers, and friends).

Strathern provides an example of another combination of the kinship dimensions — connections/disconnections, conceptual/interpersonal relatedness, and existing vs. created relations. She refers to an American case of grandparents and their two granddaughters, who wanted to see each other (Strathern, 2005: 16). The girls' parents separated just before the birth of the younger girl. The children's father lived with his parents after the divorce, so the grandparents saw the girls frequently. The father subsequently died but the grandparents continued to see their grandchildren. At some point the mother decided to limit the time her children spent with their grandparents and to prohibit the overnights. The grandparents went to court and several proceedings ensued. The court acknowledged the benefits associated with the children spending time with their grandparents, but ruled that it should be balanced with the time they spent with their nuclear family (*ibid.*). Both the grandparents and the mother appealed against this decision several times. The US Supreme Court (the ultimate court of appeal) endorsed the mother's precedence over the grandparents and her right to parent as she saw fit (*ibid.*, 16-17).

The case provided by Strathern shows how people connected to each other, namely grandparents and grandchildren, whose relations were conceptual and interpersonal, and established prior to the court and still existing during it, could both turn to the legal domain for support and be liable to restrictions being placed upon their contacts and interactions. This case also adds to Marshall Sahlins's thesis (2013), based on an analysis of multiple anthropological studies on kinship, that the genealogy and fact of ancestry does not necessarily produce or imply kinship ties. Sahlins argues that 'any relationship constituted in terms of procreation, filiation, or descent can also

be made postnatally or performatively by culturally appropriate action'. In this vein, even the woman who gave birth might be excluded (ibid.). In the case analysed by Strathern, the excluded patry was not the woman who gave birth but the grandparents, whose relatedness to their granddaughters was conceptually acknowledged by law and the family. The legal authorities considered their relations with their grandchildren at the time of the court proceedings as less important than the children's relations with their mother, and as hindering the mother's right to parent in accordance with her wishes. Strathern claims that this exposes the ultimacy of parental determination and 'nurture-helped-by-the-law' of the Western post-industrial societies and encourages parental individualism as autonomy (Strathern, 2005: 16-17).

The primacy of child-parental relatedness over children's relationality to other kinsfolk, as well as the legal encouragement of parental individualism as autonomy, is stipulated by the public perception of parenting as exceptional form of relations (Strathern, 2005). As mentioned in the Introduction, according to this line of thought, parents 'shar[e] body with the child twice over': 'first is the body of genetic inheritance' and second is the knowledge (ibid). While the reference to genetic inheritance could be seen as confusing and making the statement relevant to biological parents only, one needs to go beyond a literal reading of Strathern's claim. The development of assisted reproductive technologies has fragmented biological parenting, especially mothering: the genetic affinity of mother and child does no longer automatically implies their gestational connection and vice versa. Therefore the specification of the body of genetic inheritance as 'a matter regarded [...] as being of common blood or common substance' is important here. It is not about genetics per se but about a common body. In the meantime, the common bodies are produced not only by genes, flesh, and blood, but also by other substances such as grease or food (Carsten, 2004; Sahlins, 2013). If the grease is not relevant to contemporary post-industrial societies, the food could still be considered as a substance crucial for the actuation and production of bodies and kinship (Carsten, 2007; Farias & Asaba, 2013). Parental bodies are also actively involved in caring for children. Thus, sharing the body could be literal, as shown in the previous chapter - parents carry babies on their bodies, co-sleep with them, soothe pain through bodily contact, and share fluids. In the next section, I analyse how mother-child relatedness is perceived and framed within the framework of the Russian conceptual dimension, namely through law and culture.

## **4.2 THE RUSSIAN CONCEPTUAL DIMENSION OF PARENTING**

The relationality/relatedness of mother and child is explicitly categorised and conceptualised in contemporary Russia, and is reflected in everyday language, culture, and law. According to the dictionary of the Russian language, 'a

mother is a woman in relation to her children'. Within the framework of the Family Code of the Russian Federation, 'mother' is a legal status acquired at the point in time when the corresponding record is made in the register of acts of civil status.

*The child's descentance from his mother (motherhood) shall be established on the grounds of the documents confirming that the mother gave birth to the child in a maternity hospital and, in the case of the child not being born in a medical centre, on the grounds of medical documents, or of the witness testimony, or of other evidence (Family Code, 1995: Art. 48, §1).*

In the meantime, the establishment of paternity is more nuanced. In the event that a mother who has given birth to a child is married to the child's father at the time of the child's birth, then the mother's spouse is legally admitted as the child's father. Both spouses are recorded as parents of the child in the register of births upon application of either of them, and the paternity is validated by the marriage record of <sup>32</sup> (Family Code). If a mother and father have been divorced no longer than 300 days prior to the birth of the child, the former spouse of the mother is also recognised as the father until such time as details to the contrary has been proved. If the parents of a child are not officially married, then paternity is established on the basis of their joint application, the father's application, or a court decision, while maternity is established upon the mother's application. If the mother is unavailable for some reason (e.g. deceased) or incompetent, paternity is established upon the father's application and its approbation by child protection services or, if approbation is unavailable, through a court proceeding.

In other words, in Russia as well as in Euro-American societies, motherhood is regarded as a 'natural' phenomenon, while fatherhood (and co-mothering/parenting) is seen as more 'social'. The recognition of a mother's status is foreshadowed by the child's coming into being - either through the child's biological birth or through the process of the adoption of an «existing» child initiated by the woman. Meanwhile, the father's status is usually defined through his relations to the child's mother. As Strathern (2011: 255) writes, 'the mother is recognized; the father, by contrast, is constructed'.

In the case of adoption, the recognition of parenting is also authorised through legal procedures. Persons willing to become parents by adopting of a particular child have to submit their statement of intent to the court. The court considers the case and makes a decision. The persons become adoptive parents on the day that the court's decision enters into force. Within three days

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<sup>32</sup> It is worth noting that the Russian Family Code only pertains to heterosexual marriage and parenting only. Same-sex marriages are not registered in Russia, and nor are they recognised by the Russian authorities if they have been officially registered in any other state.

of the latter, the court sends the statement to the registry office in order for the corresponding record to be made in the register of acts of civil status (Family Code, 1995: Art. 125, §1, 3).

Maternity and paternity can not only be legally recognised, but once recognised they could also be contested or abandoned. A person legally recognised as a parent or a person who 'is factually a mother or a father of a child' could seek to litigate the record of parenting in the court (Family Code, 1995: Art. 52, §1). Yet if a father, at the time of the child's registration, knows that he and the child are not biologically related, he will not be allowed to litigate his paternity. A father 'given a written agreement in a statutory procedure for the artificial insemination or embryo implantation has no legal right to refer to this fact while litigating his paternity' (Family Code, 1995: Art. 52, §2). Similarly, a couple who have agreed to an embryo implantation, as well as a surrogate mother, are not eligible to refer to this fact while litigating paternity or maternity after the child's registration record has been filed (Family Code, 1995: Art. 52, §3). Parental rights could also be terminated involuntary under a court decision upon application by one of the parents, persons replacing the parents, the prosecutor, or organisations and agencies responsible for safeguarding children (Family Code, 1995: Art. 70, §1). The grounds for such applications could be malicious evasion of fulfilling parental responsibilities and alimony payment, abuse of parental rights, child abuse, persistent alcohol and drug addiction, committing a crime against the health or life of one's own children, another parent, or other kinsfolk (Family Code, 1995: Art. 69). However, the termination of parental rights does not necessarily involve the total discharge of parental responsibilities. For instance, the children's right to inherit from a parent who is deprived of his/her parental rights remains in force.

The way in which paternity and maternity establishment is codified in the Russian law highlights several significant issues. First of all, it shows that the Russian Family Code considers parenting to be heteronormative, established in monogamous heterosexual relationships. Despite the fact that some Articles of the Code are aimed at social parenting (adoption), it is apparent that parenting is usually seen as derived from or based on the fact of biological descent. Second, the Family Code implicitly states the priority that maternity has over paternity. On the one hand, the Family Code of the Russian Federation states the equality of spouses and parents in regard to childcare: 'The issues of motherhood and fatherhood, of the children's upbringing and education, and other issues involved in the life of the family, shall be resolved by the spouses jointly, proceeding from the principle of the spouses' equality' (Family Code, 1995: Art. 31, §2). According to the Family Code, 'The parents shall enjoy equal rights and shall discharge equal duties with respect to their children (the parental rights)' (Family Code, 1995: Art. 61, §1). On the other hand, as mentioned above, while becoming a mother implies giving birth for a woman, which is attested to by medical workers or other witnesses, becoming a father largely depends on and is regulated through the man's relationality to

a woman. Thus, the mother of a child could be deemed a peculiar gatekeeper in regard to fathering: being married to her, or subject to her agreement if the parents are not married, endorses paternity. Otherwise a man needs to settle the question of his paternity in court. The implicit legal superiority of motherhood over fatherhood is also found in the Labour Code of the Russian Federation and other judicial documents such as Ministerial Orders, albeit, not in the Articles *per se* but in their formulation:

*Upon application, **the woman** (emphasis mine) is given child-care leave [...].*

*Child-care leave may also be used fully or partially by the child's father, grandmother, grandfather, other relatives or guardian de facto guardian taking care of the child.*

*Upon application, **the woman** or people specified in Part Two of this Article during the child-care leave can work on a part-time basis [...]* (Labor Code, Article 256)

*In the case of the child's illness during this period, **the mother** (another family member de facto caring for the child) does not need the release from work [...]* (Ministry of Health Order 29.06.2011 N 624н, Part V, Article 41).

Finally, the acknowledged child-parent relations could be significantly limited within the legal framework. Yet the limitation does not usually entail the termination of the financial obligations of parents deprived of their parental rights in regard to either their adopted or their biological children. In other words, once started and acknowledged officially, the relationship between child and parents cannot be not terminated entirely, but it can be extremely constrained.

As noted above, one of the grounds for the termination of parental rights is the evasion of parental obligations and the abuse of parental rights. Although parental rights and obligations are also codified, their description in the Family Code is rather general. According to the family law, 'the parents shall have the right and shall be obliged to bring their children up' (Family Code, 1995: Art. 63, §1). Parents are responsible for the education, care, development, and health of their children, with 'development' being widely interpreted as: 'physical, mental, spiritual and moral development' (*ibid.*). Parents are expected to protect their children's rights and represent their children's interests during interactions with any legal entities and private parties. It is worth noting that 'exercising the parental rights shall not be in

contradiction to the children's interests. Providing for the children's interests shall be an object of their parents' principal care' (Family Code, 1995:Art. 65, §1). Hence, according to the Russian Family Code, being a mother or a father implies not only acquiring of the corresponding status but the maintenance of this status through actively 'doing' mothering and fathering (West & Zimmerman, 1987). The idea of 'doing' parenting and kinship ties is not novel (Weston, 1997; Carsten, 2004), but as an analytical tool this concept allows one to grasp how kinship comes into being at the level of everyday practices and actual actions.

The Family and Labour Codes also indicate the legal right of other kin to care for a child. This right is acknowledged in Article 67 of the Family Code, for instance, which states '[g]randfather, grandmother, brothers, sisters and other relatives shall have the right to communicate with the child'. According to this Article, in the event that a parent (or both) deny this right, Child Protection Services may oblige parents not to impede communication. If the parents disobey, the relatives or Child Protection Services may complain to the court. Yet the care of children is not only the legal right of kinsfolk other than the mother, but also their duty. According to Article 94 of the Family Code, underage grandchildren 'in need of assistance shall have the right, if it is impossible to be maintained by their parents, to receive alimony through the court from a grandfather and grandmother possessing the necessary means for this'. The converse also has legal force. 'A disabled grandfather and grandmother in need of assistance shall have the right, if it is impossible to be maintained by their adult able-bodied children or by the spouse (or ex-spouse), to claim alimony through the court from able-bodied adult grandchildren possessing the necessary means for this' (Family Code, 1995: Art. 95e). Thus, Russian law frames the intergenerational kinship duties of Russian citizens. Apart from legal rights and obligations to care for each other, the relations between grandparents, parents and grandchildren are also framed by inheritance law ('The inheritance family' in Russia extends beyond the limits of that in most 'Western' countries. For example, in Finland, there are no such intergenerational 'duties', although grandparents may choose to pass on their legacy by skipping over a 'legal' generation (Sorainen 2019).

According to the Civil Code of the Russian Federation, an inheritance might be executed according to either a will and testament or by law (Civil Code, 2001: Art. 1111). If there is no will, the kin inherit according to a certain order of priority: the first in line are the children, spouse and parents of a bequeather (Civil Code, 2001: Art. 1141, 1142). The grandchildren and grandparents inherit according to certain rules, which means that they inherit if the immediate heirs are absent, have no right to inherit, or are excluded from inheriting for some reason (Civil Code, 2001: Art. 1142). The inheritance could also be executed on the basis of a will. The bequeather has the legal right to divide her possessions among any beneficiaries at her own discretion and to disinherit any heir-at-law (Civil Code, 2001: Art. 1119, §1). However, in this case, underaged and disabled immediate heirs inherit regardless of the



content of the will; they are entitled to no less than half of the share that they might inherit by law (Civil Code, 2001: Art. 1149). In other words, if there is a will and underaged or disabled immediate heirs are not named in it, they will inherit anyway by law. However, their shares will be less than if there were no testament and they as heirs inherited by law only.

A person might lose the right to inherit both by law and through a will if they take such illegal actions against the bequeather or any of bequeather's heirs that are aimed at making the actor an heir or increasing their or any other party's inheritance share, and these actions are acknowledged through the courts (Civil Code, 2001: Art. 1117). Parents deprived of parental rights over a child, and who have not been rehabilitated, have no legal right to succeed their children (*ibid*). Yet the children's right to inherit from a parent deprived of his/her parental rights remains in force.

To summarise, although Russian law proclaims the general equality of both parents, it implicitly considers a mother to be the primary caregiver, whose rights and duties could be implemented by other kinsfolk including the father. Additionally, the conceptual dimension of kinship codified in Russian law entails a connection between grandparents and grandchildren. Until a child comes of age, this connection is framed in terms of rights – the grandparents' and the child's rights to have access to each other. Once a child comes of age, this connection is reformulated in terms of rights and obligations to take care of each other financially. However, this connection, as well as the obligation of financial care, is not instant or immediate. As in the case of inheritance, it enters into force only if those immediate family members (namely the grandparents' children and the grandchildren's parents) are not able to fulfil their care obligations.

The law provides a major framework for what parents should do in regard to their children, and how parents have to take care of their offspring. Yet what people actually do in practice does not always comply with the law and legal framing. As Strathern (2005: 10) notes, kinship and law do not always 'work together'. Therefore, in order to draw a detailed picture of normative kinship and parenting obligations, it is necessary to turn to the conventional ideas and kinship practices represented at the level of everyday life.

### **4.3 CONVENTIONAL KINSHIP PRACTICES**

While some kinship obligations and rights, particularly the financial relations between grandparents and their grandchildren, are illuminated and codified by Russian lawmakers in the code enacted in 1995, other rights and obligations can be found in the conventional familial practices prevalent in Russian society. One such practice providing insights into the conceptual kinship dimension is extended mothering.

Extended mothering denotes taking care of children and household tasks by means of a network of mainly female kin: 'the biological mother and her own mother and sisters, or mother-in-law and sisters-in-law, form the core, collecting around them other kin, friends and neighbours' (Rotkirch, 2004: 174-175). This practice was widespread throughout Russian history. Historical research reveals that during the Imperial period and earlier, childcare in peasant families was not provided solely by mothers (Frieden, 1978; Mironov, 2003). Even though mothering was considered an important duty for women, it was less valued than women's participation in household labour activities (Frieden, 1978: 252, Mironov, 2003: 200). While performing many household duties, and especially those conducted outside of the home, such as the tremendously important work that was carried out in the fields during summer, peasant women left their children under the supervision of older siblings or elderly relatives who were not able to participate in 'adult' hard labour (Frieden, 1978: 250-252; Mironov, 2003: 200).

For women of noble standing, mothering was not the primary duty. Even though caring for children under the age of seven of both genders was the mother's responsibility (the father was the authoritarian head of the family who controlled the behaviour of all family members and dispensed punishment when necessary) (Kosheleva, 2000: 40-42), it did not imply that the mother provided the children with everyday routine care. Routine care for children under seven was mostly delegated to wet nurses and nannies (Engel, 1978). As soon as children turned seven, a tutor or governess replaced nannies and wet nurses and became responsible for the children's upbringing and education (Engel, 1978: 46). At the same time, boys stopped being overseen by their mothers and were transferred under the control of their fathers; girls remained under their mother's oversight (Tovrov, 1978: 23). A mother supervised the care of her children and their education carried out by others, but she was not directly involved in these processes. Her major responsibility was housekeeping and caring for the family through managing and controlling serfs, servants, and hired workers (Engel, 1978: 48).

After the Bolshevik revolution in 1918, the practice of extended mothering was not abolished despite the significant socio-political transformations. At the time of its establishment, the Soviet state 'inherited' the authoritarian patriarchal family as the prevailing archetype (Olson & Adonyeva, 2016; Razhbaeva, 2004: 90). Oriented towards gender equality, women's emancipation, and women's involvement and active participation in paid labour, between 1918 and the early 1920s, the young Soviet state developed, adjusted and applied various policies and measures aimed at transforming the structure and practices of the family (Lapidus, 1978: 57; Muravyeva, 2014: 95). It legally enacted the formal equality of men and women and guaranteed universal access to education, free higher education, sick pay, maternity leave, and so forth (Razhbaeva, 2004; Lapidus, 1978: 83). Women's emancipation was also encouraged by the facilitation of the divorce procedure and abortion legalisation (Lapidus, 1978: 60; Zdravomyslova,

2004; Muravyeva, 2014: 95). In the meantime, the state proclaimed the primary role of women as workers participating in labour outside of the household; mothering and housekeeping were still seen as important, but as secondary duties (Chernyaeva, 2004). Public discussions were conducted on women's liberation from everyday housekeeping and care duties, and the part played by the state in liberating them (Lapidus, 1978: 83; Chernova, 2013: 109).

Nevertheless, despite the declaration of the state orientation towards justice, freedom and emancipation (Lapidus, 1978: 55), there was a gap between the official rhetoric and the real outcome of Bolshevik ideas in practice (Razhbaeva, 2004; Gradskova, 2007: 14). Women were still economically dependent on their fathers, husbands and partners because the majority were unemployed or had no personal/private income in the 1920s (Chernyaeva, 2004). The establishment of the new legislation related to marriage and divorce resulted in a drastic increase in divorce during the same period (Carlbäck, 2012: 27). Under conditions of undeveloped social services and a lack of real sustainable state support for women with small children, many separated and divorced women faced poverty (Razhbaeva, 2004: 170). The problem was also exacerbated by the legal norm of the separate property regime (*ibid.*). According to this norm, spouses could not dispose of each other's means (property) without special permission from each other and, in the case of divorce, women who were housekeepers could not claim any part of the family property earned by their husbands. Hence, Soviet women were not only placed in a financially vulnerable position, they also became fully and primarily responsible for their children (Razhbaeva, 2004).

Although the young Soviet state declared and promoted ideas of the social upbringing of children (by the wider society and only by/within the family) and women's emancipation, it had no resources to implement them in full (Lapidus, 1978: 57; Chernova, 2013, pp. 109-110). In the meantime, the previous systems of social and community support were deconstructed or did not function properly. All of this, combined with the simplification of the divorce procedure, large-scale migrations (from the countryside to cities and across the country), and the gender imbalance caused by the Revolution, World War I and the Russian Civil War (1917-1922), resulted in decreasing birth rates and the responsibility for children being shifted to mothers (Goldman, 1993: 288; Razhbaeva, 2004: 172).

Later, in the mid-1920s, the significance (meaning) and value of mothering in public and state discourse changed and a profound shift in Soviet conceptions of the family occurred (Lapidus, 1978: 86). Although the shift was radical, it was not sudden. A growing number of measures restricting family and personal sexual freedom were steadily established and implemented starting from 1926 up to 1944. In 1931 a payment for abortion was established, meaning that the procedure was no longer performed free of charge, and in 1936 abortion was eventually prohibited.

The previous course towards the radical transformation of the family was no longer desirable, and the official course towards a more conservative family was taken (Lapidus, 1978: 86-87; Tchoukina, 2002: 100; Gradskova, 2007: 16-17; Muravyeva, 2014: 95). While this swing has been seen by many researchers (Lapidus, 1978; Tchoukina, 2002: 100) as ‘a conservative retreat which curtailed the revolutionary potential of the 1920s’ (Ashwin, 2000: 9), sociologist Sarah Ashwin (*ibid.*) argues that it was ‘an attempt to recreate the family as a specifically Soviet family, which, instead of serving as a “conservative stronghold of the old regime”, would become a functional unit in the new polity’.

The family (nuclear, heterosexual, with children) ‘became the bulwark of the social system, a microcosm of the new socialist society’ (Tchoukina, 2002). The family was held to be the model of social order and thus required marital stability (Lapidus, 1978: 112). In order to encourage the latter, the Soviet state banned abortion, prohibited the establishment of paternity in regard to children born out of wedlock, and assigned legal effect only to registered marriages (those whose marriage took place during the period from 1926 to 1944 were required to register it otherwise it would become invalid) (Gradskova, 2007; Razhbaeva, 2004:171-172; Chernyaeva, 2004). There were two major reasons for such a drastic shift in family policy and its conceptualisation. First, the state had a stake in increasing birth rates, which had fallen significantly during the 1920s (Razhbaeva, 2004: 172; Lapidus, 1978; Chernova, 2013: 112; Muravyeva, 2014: 95). Facing a harsh lack of resources, the state chose repressive measures to limit the personal mobility and freedom of its citizens instead of welfare stimuli (Gradskova, 2007: 89). Second, under conditions of rapid and intensive industrialisation and agriculture collectivisation accompanied by mass migration, society had become considerably destabilised and undercut (Chernyaeva, 2004; Muravyeva, 2014: 95), facing such so-called social problems as ‘an increase in homeless and abandoned children, juvenile crime, and the number of single mothers’ (Muravyeva, 2014: 95). The leadership saw the ‘new’ norms of family life (rather conservative in comparison to the previous period) as able to solve this problem by stabilising and reinforcing society (Razhbaeva, 2004; Tchoukina, 2002: 101; Chernova, 2013: 105). During this period the state concept of mothering as a woman’s social duty or function was finally established and the working mother gender contract was recognised as the only legitimate one (Temkina & Rotkirch, 2002; Aivazova, 2011; Rotkirch, 2004). Within the framework of this gender contract women were supposed to combine participation in working life with caring for their family and children, while the state provided various forms of support and assistance for women in regard to childcare through benefits, healthcare, and nurseries (Temkina, Rotkirch, 2002: 8; Chernova, 2013: 124).

Starting from the mid-1950s, after Stalin’s death, the restrictive state policy in regard to the family started to loosen (Chernova, 2013: 106). In 1954 abortion was decriminalised, and in the following year it was permitted on

medical and social grounds (Razhbaeva, 2004: 173). In 1965 the law restricting the acknowledgement of paternity for children born out of wedlock was abandoned, meaning that paternity could be acknowledged at the discretion of both parents and in some cases according to a court decision (Tchoukina, 2002: 115-116). The liberalisation of family law was accompanied by a state orientation towards the strengthening of the family and support for maternity and working mothers, while emphasis was put on the health and welfare of mothers (Chernova, 2013:106). Measures such as the extension of maternity leave, sick leave payments while caring for sick children, the establishment of opportunities for mothers of small children to work part-time, and an increase in the childcare allowance were implemented (*ibid.*: 124, 131). All of these measures and actions were aimed at encouraging women to have more children and thus at increasing the birthrate.

Despite the state policy in regard to mothering, the quality and availability of public childcare services were insufficient (Zdravomyslova, Temkina, 2003; Gradskova, 2007: 107-113; Rotkirch, 2004). Moreover, even though the officially approved family configuration was a heterosexual couple with children, the father was often absent, either literally or physically. This 'absence' occurred at all levels of Soviet society: at the level of ideology, family and social policy, and actual practices (Chernova, 2007: 147). While women were assigned a working mother gender contract, which implied both participation in public labour and mothering, men were designated 'the builders/constructors of communism' and participated mostly in the public sphere (Chernova, 2007: 140). The family and social policy aimed at a mother with children considered fathers only in regard to alimony and property issues in the event of divorce (Chernova, 2013: 124). At the level of everyday family life, fathers were usually seen as 'emotionally distanced figures of authority', the highest instance of control and power, whose role was reduced to punishing children (often physically) (Semenova & Thompson, 2004: 140). In order to be able to fulfil childrearing and work duties under these conditions, many Soviet women shared childcare with or delegated it to grandmothers (Semenova & Thompson, 2004: 156; Gradskova, 2007: 107-113).

There were two reasons why grandmothers were available as the major source of support for Soviet women, helping them to combine participation in public labour with childcare. First, although the Soviet state aimed to dissolve the patriarchal family, kinship ties continued to be a mainstay for Soviet citizens (Ashwin, 2000: 9). Second, despite the state's declared aim to provide its citizens with private dwellings, and the ongoing construction of housing, there was still a profound lack of independent accommodation, with far too many families both in the metropolitan area and in the countryside living in extended family households (Semenova & Thompson, 2004: 143). Since male mortality was much higher and a gender imbalance had already occurred during this period (caused by World War II and Stalinist purges), the nuclear family was extended by the presence of the grandmother for the most part (*ibid.*). Hence, the everyday childrearing duties were shared between mothers

and grandmothers (Gradskova, 2007: 242; Chernova, 2013: 129; Razhbaeva, 2004: 174). In Russian society, retired grandmothers are considered to be actively involved in the care of their grandchildren (Shadrina, 2019).

Within contemporary Russian society, the grandmother's role is no longer clear-cut. While for some grandmothers active participation in childcare consists of 'doing gendered age' (compliance with expectations regarding the social role of retired women over 55 and the performance of these expectations) and 'doing kinship' (Utrata, 2008, 2017; Zdravomyslova, 2009: 97), others disagree with the social expectations concerning their age and social position. Instead, they would like to work in return for payment after retirement, to have more leisure time, and to be involved in other activities besides childrearing. Many families with the necessary financial resources also prefer to hire a nanny or a domestic worker instead of relying on grandmothers, which becomes an instrument for reinforcing their status ('adopting a middle-class position') (Zdravomyslova, 2009; Patiko, 2015). The discourse and practices of mothering in particular and parenting in general have also been transformed. If previously, during the Soviet period, Russian mothering was extended, authoritarian, family-guided, socially integrated, and based on informal networks (Rotkirch, 2000: 116-120), recent middle-class mothering has become 'intensive' (Hays, 1996: viii) – 'child centred, expert-guided, emotionally absorbing, labour intensive and financially expensive' (Chernova & Shpakovskaya, 2016; Godovannaya & Temkina, 2017).

Nevertheless, quantitative data, as well as qualitative research, show that grandmothers still play an important role for families with children within contemporary Russian society (Kosterina, 2012; Utrata, 2015, 2017). In the meantime, grandfathers continue to be absent because of lower life expectancy, divorce rates and men's drinking culture (Utrata, 2017). According to the latest National Census (2010), one-third of Russian households are complex, consisting of several family units (either a couple with/without children or a parent with one or more children) or several individuals not forming a family unit but maintaining a household together (Prokofyeva, 2013: 73, 79). The proportion of complex households has been increasing since 1989. This process has been conceptualised as 'anti-nuclearisation' and has been attributed to a shortage of affordable housing, a high real estate market, and a significant decrease in population incomes after the Soviet system was abolished (ibid.: 79-80). The major share of complex households is represented by multigenerational single- and two-parent families (ibid.: 80). In other words, many Russian families consist of a parent or parents with children and a grandmother.

Russian grandmothers provide a wide range of support for their adult children and their families, performing childcare, shopping, cooking, housework, financial assistance, and emotional work (Utrata, 2008: 12; Kosterina, 2012). Grandmotherly support is even more significant for single-parent and lesbian-headed families (Utrata, 2008; Zhabenko, 2019). Utrata argues that grandmothers 'not only support their daughters, but function (to

varying degrees) as surrogate wives' in the families of Russian single mothers (Utrata, 2008: 6). They either take on the second shift when it comes to care responsibilities or co-mother/parent with their daughters (ibid.: 27, 29). In the former case, grandmothers take responsibility for the housework and childcare while their daughters function as the main breadwinners (ibid.: 15-19). In the latter case, grandmothers and their daughters perform a more egalitarian division of labour in which they 'share breadwinning, childcare, and household responsibilities' (ibid.: 20). In some cases, grandmothers may even assume the breadwinning role while their daughters focus on childrearing and housekeeping (ibid.: 25-27).

The varied support provided by grandmothers is important not only for single-parent families but also for two-parent families. In the case of heterosexual families it is usually required due to insufficient paternal participation in the sphere of reproduction and childcare (Avdeeva, 2013; Lipasova, 2016, 2017). Despite the ongoing transformations of social institutions and practices in many realms of contemporary Russian society, the ideology and practices of parenting (and especially male parenting) change more slowly, with many Russian men considering breadwinning as primarily the father's responsibility (Bezroukova, 2007; Shpakovskaya & Chernova, 2013; Chernova, 2018; Lipasova, 2016, 2017). Meanwhile, taking care of the children and the household is seen by many Russians and articulated in both state and public discourses as the mother's duty (Avdeeva, 2013; Shpakovskaya & Chernova, 2013; Chernova, 2018; Lipasova, 2016, 2017). These perceptions, together with the Russian family policy aimed at increasing the birth rate and assigning the role of major caregiver to the mother lead to an unequal division of labour between the genders in many Russian families, and to mothers shouldering the burden of reproductive labour (Chernova, 2018; Lipasova, 2016). At the same time, as discussed earlier, the actual state support for citizens with children is still inadequate (Chernova, 2013: 154-155). Under these conditions, grandmothers continue to provide the main support for Russian mothers, sharing the everyday childcare with them.

To summarise, within the context of contemporary Russian society, heterosexual parents, their children, as well as grandparents are conceptually connected to each other legally, discursively, and at the level of everyday practices. They have mutual rights and obligations to care for each other to a certain degree and in legally defined ways across generations, especially in some specific cases. The law conceptualises their overall financial kinship rights and obligations, stipulates the parental duty to care for children, and assigns the primacy of parents over other kinsfolk in regard to children, while declaring the equality of a mother and a father. However, at the level of everyday practices, the mother is the main caregiver, duly supported by a grandmother – usually her own mother (although not invariably as in the vast majority of my interviewees' comments, it is the mother-in-law who is mentioned). Grandmothers engage in routine care for children and in this way create specific interpersonal kinship relations with their grandchildren while

actuating the kinship relatedness (Semenova & Thompson, 2004). Meanwhile, fathers are detached at the practical level even when they are present in the families (Lipasova, 2017: 634). Being conceptually connected to their children, many fathers are involved in distant (either literally or figuratively) interpersonal relations with them. In the next section, I will analyse how this legal and practical framework of Russian kinship is challenged and reframed by the implementation of natural parenting, and principally by long-term breastfeeding on demand.

#### 4.4 GENEALOGY AS KNOWLEDGE OF SELF

For my interviewees, genetic relatedness and the conceptual mother-child relationship became a starting point for their mothering. As discussed in the previous chapters, although many natural mothers I talked with considered the knowledge and care practices of their mothers as irrelevant and even wrong, they used the experiences of their older kinsfolk as a point of reference. Oriented towards natural parenting and long-term breastfeeding on demand as the cornerstone practice of this mothering model, my interviewees delved into their family background in respect of breastfeeding and parenting. Each of my interviewees reflected on their mother's stories to some extent in order to acquire information about the capacity of their body and their chances of establishing successful breastfeeding.

*I don't know, for instance my parents were breastfed until the age of five. Could you imagine? [...] Both my mother and my father. [...] I don't know how it happened, as my grandmothers are not alive anymore and there is no one to ask. But they [parents] remember; both of them say that they were breastfed until they were five. (Dana, 33 y.o., 2 children, Vologda)*

Those of my interviewees whose mothers continued breastfeeding for a significant period of time considered the experience of their forebears as evidence of their own ability to breastfeed.

My interviewees' stories about how their mothers carried out long-term breastfeeding significantly empowered and supported those natural mothers I talked to who experienced problems with establishing and practising breastfeeding. These family stories of breastfeeding success encouraged my interviewees not to give up nursing.

*I wasn't very young when I gave birth, and it was five years after we got married. We had health checks because we wanted to do everything we were supposed to do. So, yes, I had a high testosterone*



*level, so there were some problems with female [body] stuff. I went for a check-up and the senologist told me that men don't breastfeed with breasts like mine [laughs]. [...] My mother's story helped me a bit, since she nursed me under Soviet conditions, and in accordance with the [feeding] schedule until I was one year old. So since our breasts are visually similar, I breathed a sigh of relief. (Nancy, 36, two children, Moscow)*

My interviewees' references to the breastfeeding experiences of their own mothers revealed how kinship, or genetic relatedness to be more precise, functioned as a source of information for the natural mothers I talked with. For them, as Marilyn Strathern argues (2005: 72), 'information about origins automatically becomes knowledge for the person, under other circumstances, [...] it can revert to information again'. Strathern continues: '[...] personal knowledge of a family's genetic history is the route by which people may start enquiring into their own susceptibilities or find out more about afflictions already on them' (ibid.). However, knowledge about origins was not necessarily interpreted straightforwardly by some of my interviewees. Sometimes information provided by relatives was at odds with the fundamental beliefs of the natural mothers.

*My grandmother [...] told me that we [female kinsfolk] are not a dairy breed. I can see how this idea easily relieved me of the responsibility of struggling to breastfeed, which was unsuccessful until the baby turned five months. But I don't believe in it actually. What does 'not a dairy breed' mean? If that was the case, all of the children in the family would have died, and where would the other kinsfolk have come from then? (Svetlana, 27, two children, Vologda)*

Svetlana, the only interviewee who practised mixed feeding of her (elder) son, was determined to feed her child with breastmilk. Her breastfeeding severely diminished when her son was two weeks old, and in order to provide her child with breastmilk in addition to formula she expressed her milk. When her son turned five months, Svetlana received advice from an experienced breastfeeding counsellor, which helped her to terminate formula-feeding and satisfy her child's nourishment needs with breastfeeding only. Svetlana's case and her narrative illustrate how the family's story or interpretation might contradict the individual's knowledge of the world or particular phenomena. Svetlana did not believe her grandmother's explanation that her female kin and thus Svetlana herself were physically unable to produce a sufficient amount of breastmilk to breastfeed exclusively. From conversations with community experts on natural parenting and breastfeeding, Svetlana knew (she was told) that lactation could be established even by a nonparous woman [...] or by a man. For Svetlana, the presence of breasts implied lactation and

breastfeeding: it [breastfeeding] is given to you with a baby [...] a baby has two arms and a mother has breastmilk in her breasts. Therefore, it was not her genetic inheritance that had caused problematic breastfeeding but the poor advice given by official medical staff at the local healthcare clinic and the hospital, and by the unprofessional breastfeeding counsellor that Svetlana had contacted at the very beginning.

Svetlana was not the only interviewee who considered the failure to breastfeed, either completely or for a significant period of time, as the result of poor advice given by healthcare experts. Many other interviewees whose older kinsfolk did not practise long-term breastfeeding also saw this as not being due to the mother's physical incapacity to nurse, but rather as stemming from misinformation and the wrong way of doing things:

*Q: Did you lean towards the idea of long-term breastfeeding beforehand?*

*A: I planned to breastfeed for at least a year. My mother had not been able to nurse us. I'd say that for me as well as for her, feeding according to some schedule didn't work because so little breastmilk was produced. For that reason, she was forced to start supplementary feeding with formula after a month and to switch to exclusive formula-feeding after three months. (Maria, 32, two children, Moscow)*

Nevertheless, even though non-breastfeeding by elder kinsfolk was seen by some natural mothers as attributable to erroneous or insufficient information and not to the body's inability to lactate, my interviewees still regarded the experiences of their older relatives as useful and relevant information:

*[...] My sister and I were both formula-fed. I suppose [...] because of a 'wonderful' option within the Soviet obstetrical system – breast preparation. And my mother as a reasonable person duly followed this advice. And then her milk just didn't flow. And there were some other difficulties, a meatus obstruction and other things. So it seems to me it was exactly due to the fact that she prepared her breasts, and massaged them somehow. It was also suggested that I should do this and use all these methods, but I thought about it and decided not to. (Julia, 31, one child, Moscow).*

My interviewees regarded the narratives about their mothers' and grandmothers' breastfeeding difficulties as a useful lesson about possible mistakes that should be avoided. For the natural mothers I talked with, something that prevented their mothers from breastfeeding could also hinder their own breastfeeding due to their genetic relatedness. Thus, despite my

interviewees' possible objections to family interpretations of the reasons for and consequences of particular bodily processes, they still perceived information about their forebears as providing insights into themselves. By actively seeking this knowledge, my interviewees actuated their kinship ties.

## 4.5 KNOWLEDGE AND INTERGENERATIONAL CONFLICTS

Body issues were not the only sphere in which my interviewees' knowledge of the world, nature, and mothering conflicted with the knowledge of their mothers and elder kinsfolk. As already pointed out, the natural mothers I talked with were confronted by the Soviet patterns of childcare and attitude towards children and mothering. Growing up in the context of a rapidly developing and intensifying therapeutic culture, they saw Soviet approaches to childrearing, and particularly the practice of mothers delegating childcare to other actors, as dangerous and potentially harmful. As far as my interviewees were concerned, the non-child-centred care of children carried out by people other than the mother was misopedia-driven and had a neurotising effect on children. Again, according to my interviewees, the way in which they were cared for by their mothers was prompted by misleading information and the Soviet context. In other words, my interviewees felt that the Soviet culture had suppressed their mothers' natural instincts:

*[...]I can't say it disturbs me a lot, but relatives often don't understand [Serafima's parenting practices]. But it's because of their Soviet life, their experiences. It's hard for the older generation to accept that something could be different, and not like they were used to, [it is hard for them] to put up with it, let alone support it. (Serafima, 32, four children, Vologda)*

The conflict between the Soviet approach to mothering implemented by the older kinsfolk of my interviewees and the new intensive mothering represented by the natural mothers resulted in insufficient support for my interviewees from their own mothers. While many of my interviewees received hands-on help from their mothers and mothers-in-law, the majority of the natural mothers I interviewed experienced a lack of acceptance of their parenting style by their relatives:

*I can't say that our grandmothers – his and mine – consciously share these [natural parenting views]. [...] I mean, they see that it's enormously important for me and respect my position, so in this sense*

*they're forthcoming and do what I ask. (Svetlana, 27, two children, Vologda)*

In some cases, the lack of emotional support and acceptance was manifested as nagging by the older generation to do something in a different way:

*They say things like, 'Why are you carrying him?', 'Just let him lie there and cry', 'Why are you breastfeeding for so long?'. Or in regard to his nappies: 'Come on, put a nappy on him'. (Serafima, 32, four children, Vologda)*

For other interviewees, the uninvited advice and recommendations were more annoying and oppressive, and were accompanied by criticism about their ability to perform the childcare practices that they espoused:

*It was harder with my elder daughter since my mother-in-law was at home and she said, 'You don't have enough breastmilk'. She hassled me. [...] When my elder daughter was two months old and my husband went on a business trip for three weeks, I knew that I wouldn't be able to handle three weeks with my mother-in-law, as she would irritate me too much. So I decided to go to our house in the country. My mother wasn't on holiday at that time, and she went to the office from our country home. So she came back [from work] at 8pm, cooked and chatted a bit, but she had no time to express her views on childrearing. (Maria, 32, two children, Moscow)*

In some cases the intergenerational disagreement over mothering took the form of an open conflict:

*I had a big argument with my grandmother about water – whether the baby needs to be given water<sup>33</sup>. She came to stay when the baby was three or four months old and we argued. I said that the baby doesn't need water since breastmilk contains everything. (Larisa, 37, pregnant, one child, St. Petersburg)*

Different approaches to childcare, insufficient emotional support and acceptance by older kinsfolk, and open conflicts all provided grounds for my interviewees' rejection and abandonment of extended mothering. In contrast to Soviet-generation mothers, my interviewees significantly limited and

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<sup>33</sup> Larisa was referring here to whether a baby who is exclusively breastfed also needs to drink water.

regulated the relationship and interactions between their mothers and their children. Many of my interviewees did this by restricting their mothers' participation in the actual routine childcare and by taking physical distance from them. As they possessed sufficient financial and material resources, the majority of the natural mothers that I interviewed were able to afford to live separately from their parents. The physical distance – living separately – allowed my interviewees to de-escalate tensions with their older relatives. For instance, Mia, a 42-year-old mother of two, admitted that she and her partner were very happy to live separately since they wouldn't be able to manage living together as an extended family.

A separate residence from grandparents was highly valued by many of my interviewees. Even those who were challenged by the lack of practical support and the necessity to bear the daily burden of childcare mostly alone highlighted that living independently was the best option for them.

*Thank god I have a separate place to live. I've had the opportunity to distance myself from pressure from grandparents [Inga's parents]. I've done everything myself. Yes, it's been hard, but it's been better than putting up with nagging every day. [...] My husband didn't stand in my way. [...] But in the meantime it [Inga's childcare style] was a nightmare for the grandparents. (Inga, 35, one child, St. Petersburg)*

The differences between the generational views on and approaches to maternal care frightened not only the mothers of my interviewees (*a nightmare for the grandparents*) but also the interviewees themselves.

*I'm afraid of the grandparents being around the children. [...] There's a generation gap after all. We have wonderful relations right now because I let them do whatever they wish. Since I know that it'll be over next day, I'm not scared that they'll give them some freaking sweets, for instance, or do other things I radically disapprove of in terms of Yana's [daughter] upbringing. (Larisa, 37, one child, pregnant, St. Petersburg)*

Larisa felt the potential threat (*afraid, scared*) that the practices and attitudes adopted by her older kinsfolk posed to her child's upbringing. She was only able to tolerate them for a limited period of time in case irreparable damage was caused. Thus, Larisa reached a compromise by living separately and arranging short meetings between her daughter and her own parents. The infrequency and short duration of the encounters between child and grandparents safeguarded Larisa's parenting style and consequently its effect. Such an arrangement implemented by Larisa and other interviewees reduced

the grandmaternal influence in the families of the natural mothers I talked with, and also significantly curtailed the grandmaternal authority in the family (Zdravomyslova, 2009: 100).

Even though many of my interviewees limited and regulated grandchild-grandparent relations, they did not aim to eliminate such encounters altogether. The natural mothers I talked with acknowledged the importance of this intergenerational relationship and the presence of grandparents in their children's lives. Yet they re-defined the role of grandparents in the family and their obligations in regard to grandchildren.

*[...] grandmothers and grandfathers shouldn't look after children. They should love them, show them affection, [...], entertain them somehow, communicate with them, interact with them, tell them things, and share some impressions to make the child trust them. Yet the authority, the decision-making on how to bring up a child, and what he or she is allowed to do should be [imposed and carried out by] the parents only. (Alba, 34, three children, St. Petersburg)*

My interviewees saw the grandparental role as one which provided children with affection and warmth and extended the child's worldview beyond that of the parental perspective. The natural mothers I talked with expected grandparents to perform emotional and cognitive labour – to provide children with support, rest, entertainment (Mia, 42, two children) and to share their knowledge with their grandchildren (*tell them things, share some impressions*). As discussed, sharing knowledge and bodies is kinship (Strathern, 2005: 6). In the case of the natural mothers, the grandparental sharing of knowledge and bodies was considered important, yet it was restricted. This re-assembled kinship as a specific form of relatedness in the families of my interviewees: in their case the grandparents-parents-children kin chain was non-linear.

Historically, the intergenerational transfer of knowledge was linear in Russia (Olson & Adonyeva, 2016), albeit significantly patrilocal. Before the revolution in 1917, the peasant families that constituted the vast majority of the Russian population during the Imperial period were complex (consisting of several family units), patriarchal (the elder male, termed the *bol'shak*, was the head of the family), and patrilocal (a married woman moved to her husband's family) (Ashwin, 2000; Mironov, 2003). As soon as a woman married and moved to her husband's family home she became subordinated to her mother-in-law, called the *bolshukha* (the female head of the household), and remained junior even after giving birth to a child. The mother-in-law defined her household responsibilities (Olson & Adonyeva, 2016: 150). The situation changed only when the old *bolshukha* passed the leadership and her position (*bolshina*) to her daughter-in-law (ibid: 153). A mother-in-law taught her daughter-in-law all of the skills she needed to become the *bolshukha* of the

household, and to mother effectively (ibid: 179, 439). This situation changed by the mid-20th century, however. The state's assigning of a special status to a mother, the major transformation of various social institutions and practices facilitated by state policies, urbanisation, and the spatial mobility of the Soviet population caused family arrangements and gendered hierarchies to be reassembled. Mothers-in-law lost their ultimate authority, and knowledge started to be transferred mostly from mother to daughter (Olson & Adonyeva, 2016). The knowledge possessed by elder kinsfolk was transferred during the Soviet period not only gradually, from the previous generation to the next generation, but also over a generation from grandparents to grandchildren. Actively involved in everyday childcare, grandmothers transmitted their views and expertise to their grandchildren. The constant close interaction between several generations created a flow of knowledge from ancestors to descendants and recursive relatedness.

In the case of my interviewees, the flow of knowledge was no longer linear, as its linearity had been ruptured. My interviewees did not accept the elder generation's approach to childcare, questioning many practices and attainments of their mothers and significantly (physically) limiting the participation of their relatives in childrearing. The knowledge possessed by the older generation was not something that my interviewees wanted to implement or transfer to their children. They aimed to develop other competences – more relevant from their point of view to the context of contemporary society. The older generations were seen by the natural mothers I interviewed as lacking these competences to a great extent. The sharing of the elder generation's knowledge ended with my interviewees. This does not imply that the children of natural mothers did not obtain any knowledge from their grandmothers, but rather that they received it laterally within the framework of their interpersonal relations with grandparents since these relations were no longer recursive.

#### **4.6 SHARING THE BODY: SUBSTANCE, PROCESS AND PARTICIPANTS**

The natural mothers I talked to re-framed and refracted not only conventional intergenerational kinship relations, but also re-conceptualised the relatedness of parents and children. The implementation of natural parenting by my interviewees reassembled the ties and attachments of parents and children and created distance between father and child. At the level of natural parenting discourse, this was done by proclaiming the mother as the most important caregiver for a child, while at the level of practices it was reinforced by long-term breastfeeding on demand.

Although my interviewees regarded the father of their children as being equal in parenthood terms, they regarded the mother as being more important, especially during the early stage of the child's development:

*[...] it depends on age. At the very beginning, I think a mother is the main one, the centre. Until the child is one, the mother is definitely the centre, but this can go on even longer. Then a mother and father are, like, equal, but they have different roles. [...] The mother is, like, a given [...], she is love and everything. And the father is interesting; he appears, and brings something into your life. So [there are] different relationships, but equally important. (Larisa, 37, expectant mother of one, St. Petersburg).*

The idea of a uniquely close bond existing between mother and child could be articulated either in terms of centre and periphery, as in the quote above, or in terms of linearity. For instance, Nancy (36, two children, Moscow) defined the mother-child relationship in terms of coupledness: a mother and a child are also a pair. Both approaches to the description of the relationship between mother and child imply that they are comprehended as a basic and specific unit or entity, a symbiosis – a union of two nominally independent organisms that are nonetheless tightly bound to each other. Other kinsfolk, including the father, are seen as additional or secondary in regard to this mother-child unit.

It is hard to say whether my interviewees' partners challenged this idea since I did not interview them. However, according to the natural mothers I interviewed, their partners and husbands did not voice any opposition to the state of affairs. The men supported the idea of the mother being the primary caregiver and many of them acknowledged her as the main expert in childcare. Hence, many husbands and partners fully supported the parenting style espoused by my interviewees:

*My husband, Lucy's father, supports me [and protects me] from relatives. He doesn't know the basics. I tell him something, he listens with half an ear and says something about vaccination to the relatives. He says: 'People shouldn't [vaccinate]. Vaccines are so harmful'. He lacks the arguments to prove it so he's always on my side. He really appreciates it and says: 'Look at Lucy [youngest daughter] – she's so small. How could she not be breastfed? She feeds on you – this is love'. I mean he supports me enormously in regard to labour, and childrearing, and there's no resistance. (Valeria, 28, two children, St. Petersburg)*

In some cases, the partners and husbands of my interviewees did not intervene at all in the process of motherly care:



*[My husband] doesn't resist anyhow. You could say he doesn't care. He supports any initiative of mine. If I say that it's right, he supports me. (Larisa, 37, one child, pregnant, St. Petersburg)*

As discussed in the previous chapter, the husbands of my interviewees seldom voiced disagreement with the choices or decisions made by their partners. If they did disagree, it was usually about home birth. Nevertheless, even in these situations, the men made little effort to dissuade their partners.

A father's acknowledgement of a mother's primacy in childcare led to the traditional gender division of labour within the framework of childrearing in the families of my interviewees. For the most part, childrearing was the responsibility of mothers, and fathers rarely engaged in cognitive labour related to childcare. The vast majority of my interviewees' partners did not actively go looking for information about the childrearing practices implemented by their wives:

*[...] my husband supports me. I mean he nurtures me, and gives me strength. He supports my views [...] No, he doesn't search for information, he supports what I say. For instance, after I gave birth at home, he said: 'Wow! That's amazing! Everyone should give birth at home!'. He was very inspired. However, when I told him beforehand [about home birth] he was, like, 'Well, all right', like, 'Do whatever you want'. (Mila, 29, three children, St. Petersburg)*

Few male partners actively tried to share routine childcare or household duties<sup>34</sup> equally. This is not to say that my interviewees' husbands did not participate in childcare at all. Rather, until breastfeeding ceased, a father's participation in childcare was considerably limited and fragmented. Fathers read books, went for a walk with the children, changed nappies, carried them in slings, and stayed with them to provide routine care when the mother was absent, yet the majority did not have fixed regular duties (apart from breadwinning) until the child was big enough. Even so-called 'quality time' spent by fathers with their children was short until the children were older.

Usually, fathers' under-involvement in childcare and household duties in the families of my interviewees was stipulated by the gender pay gap and gender inequality in the labour market (Avdeeva, 2013). The childcare allowance paid to a parent on parental leave until the child is one and a half is 40% of the average salary of the parent. However, it cannot exceed the childcare allowance ceiling which was 19,855 roubles (approximately 254 euros) in 2015 and 24,536 roubles (approximately 314 euros) in 2018 (Posobie po ukhodu, n.d.; Ezhemesyachnoe posobie, n.d.; Ulyanova, 2015; Nevinnaya, 2016). The average Russian salary in 2015 was 38,605 roubles (approximately

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<sup>34</sup> I consider household duties as a form of care for family in general and children in particular.

495 euros) (Federal State Statistics Service, 2017: 243), and 44,477 roubles (approximately 570 euros) in the second quarter of 2018 (Federal State Statistics Service, 2018). Meanwhile, women's wages in Russia are approximately 30% lower than men's (Federal State Statistics Service, 2016: 119) and women face discrimination in the labour market. Employers are often unwilling to hire and promote women to higher positions since they are seen as the major caregivers, whose domestic duties affect their professional performance (Zakirova, 2014). For many Russian employers, women are less 'attractive' employees than men because they take maternity leave and childcare sick leave. Paid parental leave in Russia is provided until the child turns one and a half, while unpaid maternity leave can be extended until the child is three. Unpaid parental leave guarantees that the mother can retain her job in the meantime, and her absence will be credited as job tenure. This means that the period of unpaid parental leave will be regarded as work in terms of a future retirement plan (Sorainen et al., 2016: 474).

In order to secure sufficient family income some Russian middle-class families turn to a 'traditional' gender division of duties in the household: women mostly focus on the sphere of reproduction while men take the role of the major breadwinner (Avdeeva, 2013). Nevertheless, being the primary caregiver does imply non-participation in the labour market for women. Their income is considered secondary in comparison to men's wages, albeit usually necessary for the family finances.

Another possible explanation for fathers' under-involvement in everyday childcare is the traditional gender ideology of partners. Gender ideology is regarded as a system of beliefs and perceptions held by an individual or a group concerning the roles, behaviour, and interactions of people of different genders (Kroska, 1997: 304, 307). The gender ideology of both parents influences the character and extent of their participation in childcare. Depending on their gender ideology, the father could engage differently in the process of childrearing while the mother could act either as the father's partner or as a gatekeeper. As a partner, the mother supports and encourages the child's father in performing male parenting, but as a gatekeeper she controls and limits the father's participation in childcare (Doherty et al. 1998: 286–287; Marsiglio et al., 2000; Bulanda, 2004: 40; Hobson, 2009: 217–218).

The gender pay gap and gender ideology are highly relevant yet insufficient explanations for paternal under-involvement in childcare within the framework of my interviewees' families. Some natural mothers that I interviewed were 'professional' stay-at-home mothers and in the majority of my interviewees' families the fathers assumed the role of the main breadwinners because of their high(er) salaries. However, some of my interviewees were high-quality professionals with a successful career and an above-average income for their region. Moreover, even though the gender ideology of some of my interviewees was explicitly traditional, the vast majority of natural mothers I talked with were oriented towards more

egalitarian household gender arrangements. When talking about the unequal division of labour in their families, many of my interviewees admitted that they regarded their partner's participation in household chores as insufficient. For many of these mothers, such a state of affairs just happened, but did not comply with their views:

*It [unequal division of household duties between spouses] just happened. I don't have any particular views on a woman's or a man's role. Seriously, I'm not an adherent of some Domostroy<sup>35</sup> or anything like that. It just happened that way. In some situations I see him coming home tired out and I think: 'OK, no need to bother him'. It's clear that there are some things that I'm not able to do, like moving a chest of drawers, for instance. I ask him once, then I ask him again, and a third time. By the fifth time of asking, maybe the chest will be moved. (Paraskeva, 32, one child, Vologda)*

While some of my interviewees got used to their partners not pulling their weight at home (even though it conflicted with their views), others were irritated by such behaviour:

*It just happened that way, and it absolutely does not correspond ... [ ] At first, I protested, I got emotional about it and upset that it had turned out like that. I still haven't been able to sort this issue out with him [husband]. (Oxana, 32, one child, Vologda)*

It is noteworthy that some of my interviewees were not irritated by being primarily responsible for childcare. Galina, for instance, a 35-year-old mother of three, was more dissatisfied with the division of household chores in her family:

*As for household duties, I have to do everything. It's complicated [...]. I know how it should be, but it's different for us. [...] The way I see it, the duties should be shared. The man should have his duties, and the woman should have hers. They should be balanced. There should also be children's duties. I try to share [duties] with the children somehow and I wish it was different with my husband. I wish he'd do more. [...] Like washing the dishes, cooking the dinner. I mean, he'll put a shelf up and change the car tyres [for the season]. He does those things. But I'd*

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<sup>35</sup> Domostroy or Domestic Order the guidebook of the XVI century providing set of rules and instructions regulating the social, domestic and family matters. In everyday life domostroy refers to traditional gender order.

*like him to be the one who cooks dinner, for instance. We're getting there gradually. [...] He still wants to make a Vedic woman out of me. [...] But I'm not a Vedic woman. (Galina, 35, three children, Vologda)*

According to Galina, her husband did not participate enough when it came to household duties. His gender ideology was traditional – he wanted to make a Vedic woman out of Galina. A Vedic woman is a concept relating to Russian Vedic femininity ideology – a newly emerged New Age system of beliefs according to which a woman's vocation is that of a traditional wife, housekeeper, and caregiver for children. According to this ideology, a woman should love and obey her husband, focus on the sphere of reproduction, avoid participation in working life, which destroys her inner feminine spiritual power and makes her and her family unhappy, and cultivate her femininity by wearing dresses and skirts, and taking care of herself through mindfulness, beauty procedures and sport (yoga or newly invented 'traditional' Slavic practices). The Russian Vedic femininity ideology states that by harnessing her inner femininity, a woman enhances her family life and finds happiness. This ideology has been criticised by feminists and the wider public, including psychologists, the mass media and the Orthodox clergy. As a result, it has not gained mass support, but it has found its niche in Russian society ('Tchelyabinskaya eparkhiya...', 2015; Gribatskaya, 2015; Malygina, 2015; Nizeenko, 2016; Volyanova, 2016). Despite the traditional gender ideology, Galina's husband did not fulfil the role of the primary breadwinner:

*The money is mostly earned by my first husband [ex-husband and father of two elder daughters]. He provides for me, [...] he supports me most of all since he allows me to be a doula, which does not bring in much money, to care for children and fiddle around with whatever I want. (Galina, 35, three children, Vologda)*

For eighteen months, Galina, a professional who had worked in one of the Vologda maternity hospitals for many years, adhered to and practised the Vedic femininity ideology. The duration of her adherence to this ideology coincided with the age of her youngest child. Galina's adherence started after her divorce: she thought that she was wrong and that if she could become a proper (Vedic) woman something would change for the better. However, her sentiments about Vedic women became less intense as soon as she returned to work:

*I attended a birth and it made me realize that I can't just stay at home. I feel good in the maternity hospital. I feel good when people call me [by my name and my patronymic name<sup>36</sup>]. (Galina, 35, three children)*

Galina's case reveals several things. First, it shows that gender ideology influenced parents' participation in housekeeping and childcare. Second, it demonstrates that traditional gender ideology and an unequal division of duties between partners did not necessarily imply or lead to the man being the actual breadwinner. Third, it reveals how my interviewees' participation in the labour market increased women's discontent with unequal arrangements in their households and gave rise to family renegotiations on this issue. Finally, it highlights how my interviewees' views on fathers' participation in household duties changed (albeit not always) over the course of time.

The majority of my interviewees expected the father to participate in housekeeping to some extent or at least to 'help' his wife with cooking, shopping, and cleaning. These expectations were reinforced as soon as the natural mothers I talked with returned to work after parental leave. However, in regard to the father's participation in childcare, the situation was different. My interviewees were looking for paternal involvement in caring for older children and did not expect this in regard to infants. As already mentioned, the natural mothers considered that small children needed a mother more than a father. The reasoning behind this was in keeping with the perception of the mother as an essential source of nourishment (breastmilk) for a child:

*Because the mother gives life and your life depends on her if you are breastfed. The mother is your nourishment – you get everything from the mother. (Mila, 29, three children, St. Petersburg)*

Within the framework of natural parenting, breastfeeding is considered to be more than simply a source of nutrition for a child. New meanings are ascribed to it, and it is prescribed to continue for a year at least. Breastfeeding was seen by my interviewees as providing physical health for a child and securing her well-being in the broadest terms. It was also regarded as a form of close emotional contact between mother and child, and the mother's way of expressing affection, which was likewise considered essential for the child's well-being. These additional meanings 'transform' breastmilk into an anthropological concept of a substance. Janet Carsten (2004: 109) argues that substance is 'a kind of catch-all term that can be used to trace the bodily transformation of food into blood, sexual fluids, sweat, and saliva, and to analyze how these passed from person to person through eating together,

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<sup>36</sup> The polite mode of address in Russia is calling person by first name followed by patronymic name. It is used with the framework of communication in public settings, to unknown people and in order to show respect.

living in houses, having sexual relations, and performing ritual exchanges'. Carsten narrows down the wide variety of substance definitions to just four: 'vital part or essence; separate distinct thing; that which underlies phenomena; and corporeal matter' (ibid.: 111). The theoretical comprehension of breastmilk in terms of substance is nothing new. Bodily fluids, such as blood, semen, or milk have long been seen by anthropologists as substances constructing social relations through their exchange in celebration, hospitality, and ordinary interaction. The flow of these body fluids 'establishes connections among body, society, and cosmos' (Taylor, 1992: 105 in Carsten, 1995: 234). What was specific to the Russian natural mothers' perception of breastfeeding was that additional meanings ascribed to this practice rendered breastfeeding a tool for designating and externalising kinship in a new way.

As discussed in the previous chapter, the idea that breastfeeding significantly improves children's health (known as 'breast is best') is dominant in many societies; it is strongly promoted and supported by numerous proponents and experts on childcare and health worldwide (Faircloth, 2013; Jung, 2015). The 'breast is best' discourse has transformed breastfeeding into a moral dictum (Woollard & Porter, 2017). However, research reveals that in some locations like the USA, for instance, this discourse mostly highlights the benefits of breastmilk and pays less attention to the issue of the mother-child bond created and sustained through breastfeeding (Shaw, 2003; Jung, 2015). The latter might be silenced or interpreted within the framework of capitalist logic and medicalisation – as beneficial for the cognitive development of the child (ibid.). In other words, the primary importance might be ascribed to breastmilk and not to breastfeeding as the process of delivering it. Under conditions of insufficient actual hands-on state support for breastfeeding, this leads to a change of emphasis within the framework of the breastfeeding moral dictum: mothers are required not to breastfeed *per se* but to provide breastmilk for their children. And mothers duly do so by expressing the milk for their infants (Boyer, 2010; Jung, 2015).

For my interviewees, the process of breastfeeding was as important as the breastmilk itself. Although they had decided to breastfeed before giving birth, were all determined to do so, and did not consider formula-feeding as a reasonable option, some natural mothers I talked with conceded the possibility of not succeeding. Reflecting on their hypothetical actions in this situation, my interviewees mentioned two options. The first was donor breastmilk. Yet they questioned whether this would really be available. There are only two state breastmilk banks in Russia – in Moscow and Ufa (Vlasova, 2017). These banks were established on the basis of public hospitals and they provide donor breastmilk to the patients of these hospitals only. Non-governmental banks of donor breastmilk also exist in Russia, but they are scarce. The second option mentioned by my interviewees was the supplemental nursing system (SNS). SNS consists of a container and a capillary tube leading from the container to the mother's nipple. The container can be filled with either breastmilk, donor milk or formula. The tube is

attached to the breast allowing the infant to suckle while receiving the nourishment from the container:

*Yes, I'd like to provide breastmilk for my children. If not mine, or if something happens, then the breastmilk of another woman. So, yes, donor milk. Or SNS. Yes, I like these options, but fortunately I didn't have to try either of them. (Sasha, 37, two children, St. Petersburg)*

Both donor milk and SNS are seen as more appropriate and/or 'natural' options than formula. In the case of donor milk, the 'naturalness' and therefore its appropriateness is grounded in the fact that it is still breastmilk, a body fluid, albeit one produced by the body of another women. In the case of SNS, the 'naturalness' is provided by the very nature of the feeding process – the baby suckling at the breast. It is important to note that neither donor milk nor SNS was mentioned as an option allowing other relatives, particularly fathers, to feed a child. Both options are considered to be implemented first and foremost by the mother. In other words, even when breastfeeding is not 'proper' or 'real' because some of its elements are missing – in that the child obtains breastmilk from a donor or is fed 'by'/at the breast but not with her mother's breastmilk – it is still the mother's domain.

The meanings ascribed to breastfeeding and the nursing experience by my interviewees prevented delegating this practice or sharing it with the father:

*I see it [breastfeeding] as some kind of investment. I lose something, yes, some opportunities to go out somewhere without the child. In my case not actually going out walking, but travelling. But I believe I gain something instead. (Sasha, 37, two children, St. Petersburg)*

Even though my interviewees acknowledged that delegating or sharing the responsibility for feeding could be convenient and provide them with more freedom in many ways, they preferred to practise breastfeeding:

*Maybe it [expressing breastmilk] works fine if you arrange it well. It may result in spouses swapping roles or the mother swapping roles with the grandmother or grandfather. [...] so I admit it could be more convenient. However, for some reason I found it unacceptable. Breastfeeding in particular was a must for me, a priority. And then I started enjoying it [...]. (Irma, 36, two children, St. Petersburg)*

In some cases, delegating the feeding task could be problematic if the child rejected any feeding option other than breastfeeding:

I had a really difficult situation with my daughter. For more than eighteen months she wouldn't eat anything but breastmilk by suckling. So a typical business trip looked like this: there I was in a business suit and high-heeled boots in the corridor on a stool feeding my baby until she was full, handing her over to her grandmother, and then running out with the clock ticking. I knew that I had three hours. One hour to get there, one hour for the meeting, and one hour to get back. (Elena, 42, three children, Moscow)

Elena was the only interviewee who expressed her breastmilk so that other relatives and a nanny could feed the child during her absence. However, while her youngest son accepted bottle-feeding, Elena's middle daughter refused anything but breast-feeding. This problematised Elena's absence from home – she could leave the child with others only for a limited period of time. In the meantime, the vast majority of my interviewees did not express their breastmilk, as they deemed it unnecessary. For many of the natural mothers that I interviewed, being the primary caregiver for a child while the child's father worked long hours outside the home called into question the relevance/rationale of expressing breastmilk and delegating the feeding to the father. They did not challenge the possibility of a different arrangement for the routine childcare, but nor did they confront the primacy of mothering over other activities.

Closely connected to other practices, breastfeeding prevented or at least challenged the father's participation in other aspects of childcare, such as putting the child to bed for instance:

*My husband had to stay with the child and he understood that it would be difficult. Misha [the son] wakes up during the night [...] When I'm there, I give him the breast and he drops off again. But how to get him to sleep again when I'm not around? Otherwise, he's sleepy during the day and if he's sleepy, it gets messy! There are tantrums during the evening [...] So I should have stopped breastfeeding. My husband told me: 'I won't stay with him until he's weaned!'. (Xenia, 29, one child, Vologda)*

Xenia had planned to have surgery. Her husband was going to stay (and actually did stay) with their child during Xenia's stay in hospital. In contrast to Maria's (32, two children) husband, he was aware of the possible challenges caused by the sudden absence of breastfeeding. Maria's husband had to stay with their small daughter unexpectedly when Maria was urgently hospitalised. During this period, Maria's husband experienced problems with putting the



child to bed. Their daughter, who was used to being breastfed prior to sleeping, cried for hours while the father tried to get her to fall asleep.

Until a child is weaned, a father generally participates by caring for the child's mother and performing general household chores.

*It's easier for the husband to wash the dishes, wash the floor, and cook rather than stay with the child. (Oxana, 32, one child, Vologda)*

Fathers engage in childcare duties of a straightforward nature over the course of time. As a rule, a father's deeper involvement in childcare occurs around the time that breastfeeding stops, which was closely associated for my interviewees and their families with the child being 'big enough'. My interviewees regarded a 'big enough' child as one who no longer has a pressing or exclusive need for breastfeeding. According to the natural mothers and the natural parenting ideology, small children need breastfeeding, which is both a source of nourishment for them and the main way of communicating with them – mothers soothe babies and toddlers through breastfeeding and likewise express their affection for them. Verbal communication with small children was seen by the natural mothers as less efficient than specific physical contact established through breastfeeding, and was treated by my interviewees as secondary, and additional.

*To begin with, I talked about the breast and the process of feeding with the child. I told him how to take the breast properly, and what was inconvenient or unpleasant. He also fell asleep at the breast wonderfully. (Julia, 31, one child, Moscow)*

In the course of a child's growth, her cognitive, emotional, and verbal skills, as well as her self-perception are developed. The child starts expressing her needs in an 'adult' way – verbally and clearly to a greater or lesser extent. According to my interviewees, as soon as verbal communication in the form of an adult-like dialogue with a child had developed, the child was regarded as mature enough for breastfeeding to be stopped. Developed speech and the ability to at least partly control the emotions and distress of the child were seen by the natural mothers as indicating that breastfeeding had ceased to be the major form of communication required by the child. At this point, the contact and encounters provided by breastfeeding, essentially physical in nature, gave way to those types of communication that did not entail bodies as the main translators and receivers of messages. This did not mean that a mother's communication with 'big enough' children precluded body language or physical encounters such as touching, hugging or caressing, but rather that these actions became secondary. The primary tool for transmitting

information and communicating with 'grown-up' children was speaking. Speech replaced the body.

Once the physical contact provided by breastfeeding stopped being the main way of communicating with the child, the child partly separated from the mother, the only one capable of breastfeeding. Mother and child were no longer a joint entity, a tightly bound symbiosis. They were still attached to each other since, for my interviewees, the child's detachment was a steady process that culminated during puberty, but a boundary between them had nonetheless emerged.

*As psychologists say, a child doesn't start breaking the umbilical cord until the age of ten. It's only then that she starts to pull on it steadily. And then it's either torn away quickly or remains for some time. (Valeria, 28, two children, St. Petersburg)*

The narratives about stopping breastfeeding and the child's separation from the mother revealed that breastfeeding was a tool of 'doing kinship' for my interviewees:

*This [breastfeeding] is about him [the child] belonging to me. This is my baby, I [breast]feed him, he's mine, mine. So he's attached to me. Yes, this is about attachment. (Katja, 36, two children, Moscow)*

By creating a unique mother-child bond, breastfeeding both internalised and externalised kinship for my interviewees:

*Breastfeeding has taught me a lot. It taught me to understand the feedback from the child, it taught me to understand what he was asking for, and what he needs now. And this background stays to some extent. The warmth of remembering the early stages of the child's life stays. When something goes wrong with the elder [son] now [...], I remember [him as] this little thing, how he sat in the sling, how I smelled his tiny sweet head and I feel very warm inside. This warmth gives me the resources to fix things with him together. [...] I think it will help when it comes to letting the children go. [...] There's some kind of a jar and when it's full, you can finally let the child go. (Nancy, 36, two children, Moscow)*

For my interviewees, breastfeeding actuated the conceptual (existing) relatedness of mother and child and constructed a specific interpersonal connection between them (background). Breastfeeding provided the natural mothers with a unique history that was cognitive (taught me to understand),

affective (warmth), and corporeal (smelled). This specific interpersonal connection or history could be appealed to ad hoc later on, for instance when something goes wrong and turned mother against child or challenged the mother's affectionate relations with her child (and vice versa). The way my interviewees understood things, this narrative was supposed to remind them about their relatedness to the child.

According to my interviewees, the cessation of breastfeeding was one of the key stages in the child's separation or detachment from the mother. While this separation could be described in terms of cutting the umbilical cord, as in Valeria's quote, I argue that cell division or the asexual reproduction of the hydra are better metaphorical illustrations. Cell division is the process whereby one cell divides into two. The asexual reproduction of the hydra entails the production of buds on the hydra's body, which grow into mini-adults and break away from the hydra once they are mature enough. These comparisons are definitely disputable, however. The cells formed as a result of cell division are defined as 'daughter cells' (Oxford Dictionary of Biology). Yet mother and child are not conceptualised horizontally within contemporary Russian society. As discussed at the beginning of this chapter, they are defined in terms of ancestry and descent – a woman becomes a mother as a result of reproduction. For my interviewees, reproduction was not asexual as it entailed the literal and figurative participation of a father, who was definitely present in the family picture portrayed by the natural mothers I talked with. Nevertheless, the cell division metaphor or the asexual reproduction of the hydra reflect the predominant views of my interviewees on the child's separation.

When reflecting on the child's separation, my interviewees usually referred to the idea that for nine months a mother carries a child inside her body, and for nine months after the birth she carries the child on her body (e.g. *for nine months inside, for nine months outside* – Valeria, 28, two children; *for nine months we carry the baby in the womb and for nine months we carry the baby on ourselves* – Galina, 35, three children). Another variant of this 'proverb' is that 'a mother bears a child for nine months in her womb, for three years in her arms, and always in her heart'. I was unable to trace the origin of this idea, but its frequency in the Russian segment of the internet suggests that this is arguably a recent proverb or at least folksay. The idea of a mother bearing a child in her womb and subsequently on her body implies the multi-staging and graduality of the child's separation, as well as the tremendous physical bond between mother and child despite any distance between them. Conversely, the umbilical cord metaphor implies that a child is a distinct being in relation to the mother, albeit connected to her through some channel. Once the umbilical cord is cut, the child becomes considerably independent. Yet for my interviewees, a child formed an entity with the mother, a special unit, and turned into a separate individual over the course of time. As soon as the child was weaned and started to mature, her interactions with her father became more diverse:

*He [the husband] helps me with the cleaning, and sometimes he goes for a walk with the children. Sometimes I leave him with both daughters as they're over a year old. He's less likely to engage with small children. (Maria, 32, two children, Moscow)*

The fathers found it easier to interact with and care for 'older' children, who were able to communicate verbally. The older children engaged with the fathers more actively and explicitly. For instance, Oxana's husband, who preferred doing housework over staying with the child, had started playing with their son at the child's behest when the son got older and was almost three years old.

*Earlier he [the husband] didn't play [with the son]. But now that our son is older and has started asking, hanging on [to the husband], he's started to play with him. Sometimes he goes for a walk with the child. (Oxana, 32, one child, Vologda)*

My interviewees did not always see the father-child interactions as something that the fathers necessarily wished for or enjoyed.

*Even though my husband swears and says, "They don't let me sit on the couch in peace" under his breath, he gets up and goes to play building blocks with them. (Olga, 38, two children, Moscow)*

Even though the fathers did not always enjoy engaging in activities with their children, they nonetheless continued to do so. Some of my interviewees' partners also chose certain everyday childrearing duties to perform regularly, such as putting the children to bed, reading to them, giving them breakfast, and driving them to daycare or school. These actions were not only a form of care for children and family alike, but also a way of creating and sustaining specific interpersonal father-child relatedness, which actuated the conceptual paternal obligation to care for children. The distinguishing feature of this interpersonal relatedness was that its active creation and maintenance started when the child was considered to be sufficiently detached from the mother. Up to this point, the child's interpersonal relatedness to the father was indirect. A mother who formed an entity with her child played the role of a receiver/transmitter of the father's childcare, and was essentially the point of contact between them. As soon as the child became a distinct individual, the father became more involved in more straightforward relations with her.

## 4.7 CONCLUSION

Within the framework of Russian law, parents are conceptually defined *de jure* as having equal rights and obligations in regard to children and childcare, and as having precedence over other kinsfolk. However, some Articles of the legal codes and other juridical documents implicitly prioritise the mother over the father and other relatives. The Russian legal system also conceptualises grandparents and grandchildren as related to each other and as having mutual care obligations, the scope of which varies depending on the age of the grandparents and grandchildren and the performance of their intermediate mediators – namely their parents. The conceptual kinship framework provided by Russian law corresponds in large part to the kinship framework sustained by the conventional social practices of childcare, and foremost by the practice of extended mothering. Extended mothering actuates the legally deemed relatedness of grandchildren and grandparents by implying the active participation of the latter in the process of childcare.

The data analysis reveals that the implementation of natural parenting breaches both the legal and the everyday conventional framings of kinship. First of all, my interviewees challenged the conceptual legal definition of a father's and a mother's relatedness to a child. While the natural mothers I talked with admitted the significance of a father for a child, they affirmed the ultimate importance of a mother for children during the early years of their lives. My interviewees saw mother and child as a basic entity and reasoned this perception by breastfeeding. Within the framework of natural parenting, breastfeeding duly acquired new multiple meanings. My interviewees considered breastfeeding to be not only a source of nourishment for a child, but also the basic essential contribution to a child's well-being in broader terms. The idea of breastfeeding being enormously important for a child problematised delegating this practice, and many other practices tightly bound to breastfeeding, to the father and therefore gendered parenting. Moreover, it entailed the father performing his connection to the child through the child's mother.

The perception of breastfeeding as an essential need of a child and contribution to her well-being, is part of the new general parental knowledge that emerged during the latter half of the 20th century. This 'new' knowledge contradicted the parental knowledge of my interviewees' older kinsfolk and called for disconnecting the older generation from the immediate care of children. My interviewees did not appreciate the knowledge provided by the elder generation, and were fearful of the harm that it might cause if it were internalised. Therefore, the natural mothers I talked with did not want to transfer or implement such knowledge when it came to their children. In order to stop the sharing of this 'old' knowledge, my interviewees separated their mothers from childcare duties.

The significant limitation of grandparental participation in childcare breached the conventional practice of extended mothering. Both qualitative

and quantitative research shows that within contemporary Russian society grandmothers still play a significant role in many families. They are actively engaged in housekeeping and childrearing. By participating in the everyday life of families, grandmothers are 'doing' kinship – sharing their bodies and knowledge in Strathernian terms with the younger generations, including grandchildren. Meanwhile, the distance between grandparents and grandchildren, either literal or figurative, created by my interviewees ruptured or at least significantly challenged this sharing. Yet, it is important to note that the distancing of grandparents from childcare by my interviewees signified the social position and status of the natural mothers I talked with. The separation of the elder generation from childrearing was available to my interviewees because they had the resources to do it: they could afford to live independently in a separate apartment and they did not have to be away from their children and the home during their children's early years. The father assumed the role of the primary breadwinner and the income earned allowed many of the natural mothers I interviewed to postpone returning to work after the child's birth.

Importantly, according to my interviewees, they were not the only ones who resisted knowledge that differed from theirs. The older generations also contested the way in which the natural mothers I interviewed cared for their children. Although the conflict over parental knowledge in the families of my interviewees was usually implicit and lead to a lack of family support for natural mothers, in some cases the resistance was overt. The mothers of some of my interviewees explicitly questioned or even denigrated the ability of 'natural' mothers to be the parents they aspired to be. In other words, the nuclearisation of my interviewees' families – limiting the core to parents and children and separating grandmothers – was both a result of and prerequisite for natural parenting implementation.

## 5 CONCLUSION

This study of Russian natural parenting reveals the assemblage of those elements that enable the existence of this phenomenon, and that obstruct its mass promotion at the same time. The study discloses how the discussed mothering model is localised in contemporary Russia by exposing the prerequisites and outcomes of natural parenting implementation in the setting of the neoconservative Russian society. In particular, the research shows how the constellation of heritage, history, structural conditions, social groups, personal and familial resources, rooted gendered assumptions, and a specific type of knowledge re-frame and re-define the normative and marginal forms of care and interfamilial relatedness.

### 5.1 THE STARTING POINT: (RE)THINKING HAPPINESS AND NATURALNESS

Natural parenting, initially a Western configuration of intensive mothering, and its circulation and localisation in contemporary Russia is characterised by the complicated constellation of multiple factors and activities espoused by various actors. Its emergence, adaptation, and promotion has become possible due to a combination of particular structural conditions, discursive formations, and a certain heritage or historical understandings of mothering in Russian society. In Western post-industrial societies, the rise of the discussed parenting model was, arguably, enabled by the idea of happiness taking the dominant position in the mid-20th century and the development of certain psychological knowledge that facilitated the appearance of the therapeutic culture – a specific way of thinking and talking about emotions and relations, and the concept of well-being (Illouz, 2007, 2008; Lerner, 2015). While psychologists, cognitive scientists, and economists reconsidered the preconditions of the individual and social prosperity and declared well-being to be an essential factor, the post-World War II governments and business representatives started implementing various measures ranging from the reformulation of official documents to the introduction of the position of industrial psychologist in order to support the well-being of their citizens and workers (Ben-Arieh et al., 2013; Illouz, 2007, 2008). At the same time, the prevalence of neoliberalism and individualism endorsed the understanding of well-being and happiness as largely depending on personal performance (Ahmed, 2010; Segal, 2017). Combined with the research in various fields, including natural science, this provided the basis for the promotion of key natural parenting practices.

In Russia, the emergence of natural parenting and its active expansion also coincided with the establishment of neoliberalism, which took place after

the collapse of the USSR in 1991. The establishment of neoliberalism both enabled and at the same time resulted from major socio-economic and political transformations that provided new options for Russians that had hardly been available previously. In particular, it led to the restructuring of the social and gender order and the legitimisation of gender contracts other than those designated 'working mother', and an alternative to the extended mothering parenting models. Accompanied by processes that had continued since the previous Soviet period, namely the psychologisation of mothering and the expansion of psychological knowledge into various spheres of everyday life, these transformations facilitated the promotion of natural parenting.

As in the USA and the UK, in Russia the psychologisation of all realms of life and the consequent emergence of the therapeutic culture resulted in the development of emotional habitus in Russians, which provided new ways of talking and, more importantly, of thinking about personal experience and social phenomena such as childcare. Emotional habitus implies emotional competence as an ability and knowledge about how to reflect on emotions, and interpret their prerequisites and outcomes (Illouz, 2007; Lerner, 2015). Combined with the neoliberal post-industrial ideas of happiness (understood publicly as the absence of suffering, misery and distress), rationality, and personal autonomy (Illouz, 2007; Ahmed, 2010, 2013; Segal, 2017), it requires an assessment of one's personal state of mind and a search for reasons if the state is characterised by unhappiness. In other words, the development of emotional habitus raised a question for individuals as to whether they were happy in the modern sense of this concept and, if not, why not. Some Russians, including many of the 'natural' mothers I interviewed, who regarded themselves as unhappy either as adults or as children, turned to the idea of unhappiness dominant in many post-industrial societies and actively promoted by psychologists and other experts on well-being as being grounded in childhood and inappropriate childcare (Ben-Arieh et al., 2013; Faircloth 2014). They saw their unhappiness, often articulated by 'natural' mothers in terms of 'neurotisation', as being caused by the Soviet model of parental and institutional childcare.

The critical rethinking of Soviet mothering and its outcomes facilitated by the development of the therapeutic culture and emotional habitus in Russia encouraged the search for new approaches to parental care for children which could have allowed adherents to avoid the discussed problem. One such approach was the newly emerged concept of natural parenting in Russia, which provided clear instructions on how to bring up a child to become a happy adult (Faircloth 2014: 149; Melnik & Chernyaeva 2015: 245; Simonardottir 2016: 105). This parenting model promises adherents that the child's prosperity and well-being will be secured if they focus on creating and sustaining the mother-child attachment through the implementation of particular childcare practices. Besides providing the idea of attachment as one of the ultimate prerequisites of happiness, natural parenting is tightly bound



to a specific understanding of nature and naturalness as the basis of mother-child relations. This understanding also contributed to criticism of Soviet approaches to childcare in general and Soviet mothering in particular.

The concept of naturalness, one of the cornerstones of Russian natural parenting, is constructed and reproduced within the binary logic whereby natural and artificial are set at odds with each other. The 'natural' mothers I interviewed saw natural as primordial, derived from nature or belonging to it and therefore as 'normal' or 'right'. In their understanding, phenomena that have their origins in nature or are imposed by nature are perfect, while human creations or 'artificial' things and practices are for the most part imperfect, deficient, or even defective. For my interviewees, this accorded with the common belief that variegated phenomena and objects created by nature are balanced and made for some purpose. Nature is believed to be (the capitalised) Nature, a supreme and wise creating force that makes everything according to its Grand Design. It is neither anthropomorphic nor personified as Christian or any other god. The perception of Nature that was specific to the Russian natural mothers I talked with bears comparison to gravity: it exists and frames the lives and existence of living creatures. For my interviewees, challenging Nature would be as strange as resisting gravity for no reason while living on Earth.

Since Nature is not conceptualised as a god-like entity, the natural-parenting understanding of Nature unproblematically conformed with the religious beliefs of my interviewees. In this vein, the 'natural' mothers I talked with saw a human being as a part of Nature's Grand Design, as a creature of Nature who could still significantly influence the world around her and even destroy it. For them, a human being was not as powerful and smart as Nature, and therefore the artificial creations of humans were potentially risky for the natural processes and phenomena that are fragile but nonetheless perfect.

It is hard to say whether the perception of naturalness and nature that was specific to my interviewees significantly complied with or contradicted the general views on natural and artificial that prevail in contemporary Russian society. As discussed, contradictory trends co-exist in present-day Russia: egalitarian and modernist practices and discourses exist alongside traditionalist, conservative, religious and pagan ones. Home birth co-exists with birth in maternity units, alternative medical treatment such as homeopathy and osteopathy with conventional medical treatment, and the housewife-breadwinner family arrangement with single-parent families (Avdeeva, 2018; Belousova, 2012; Rusinova, Brown; Borozdina, 2016; Pivovarova, 2013). Yet the natural-parenting concept of nature definitely conflicts with the mid-Soviet rhetoric and cosmology of progress and human-nature relations (Vikulina, 2010; Zhuravlev, 2012; Bolotova, 2014; Kukulin, 2017).

The Soviet period was characterised by the active development of science and technologies, portrayed as one of the most important achievements of the Soviet people (Vikulina, 2010; Zudina, 2011; Kukulin, 2017). During the Soviet

times, the prestige of science and scientists grew steadily, albeit with some fluctuations despite the fact that the hegemonic class was proletariat (Vikulina, 2010; Zudina, 2011). By the mid-century the social perception of scientists as well as their depictions in the literature and the cinema were characterised by public acknowledgement of their high social and moral status (Zudina, 2011: 174; Kukulin, 2017). The Soviet public and the state saw science as an authoritative activity aimed at assisting the construction of a new egalitarian, moral communist society of the future (Zudina, 2011: 171-172; Kukulin, 2017). Yet the possibility of negative science outcomes and the abuse of scientific powers was also present in the public discourse. However, it was reasoned in terms of the wrong people (the Soviet state's political and ideological enemies – Westerners, capitalists, and criminals) getting their hands on scientific discoveries and technical facilities (Zudina, 2011: 170, 175). Scientific and technological development was deemed to facilitate both the overcoming of human body limitations and the creation of cyborgs (when thinking in terms of feminist cyborg scholar Donna Haraway). Soviet photographs of the 1920s depicted the human body – that of a working man – as coextensive with a machine, while in the 1960s production machinery was replaced with electronics (Vikulina, 2010: 119). In the mass images churned out during the Soviet period, the human body was extended by means of mechanisms, cords, and transmitters (*ibid.*). According to Ekaterina Vikulina, these photos illustrated the public belief that science and technological progress would defeat imperfect nature along with its morbidities and mortality (*ibid.*).

Within the framework of the Soviet discourse on nature, and science as human activity, nature was represented as something that should be defeated in order to improve the human body and the living environment (Bolotova, 2014; Veselkova et al., 2016). The most radical stage of this discourse occurred between 1920 and 1950 during industrialisation. In this period, the dominant idea was that hostile nature should be fought in order to change and readjust it in accordance with human needs (Bolotova, 2014; Veselkova et al., 2016: 115). Subsequently, between 1950 and 1980, the discourse changed: the idea of cooperating and peacefully co-existing with nature while adapting it prevailed (Veselkova et al., 2016: 115). From the 1980s until today, the discourse has become more ecologically oriented, with nature seen as being at risk of destruction by human activity, and in need of careful handling by humankind (*ibid.*). However, such a perception of nature has been accompanied by the idea of the necessity to continue the industrial use of nature in order to secure the survival of humankind (Veselkova et al., 2016: 129; Bolotova, 2014).

The official Soviet discourse depicting nature as potentially dangerous and hostile towards human beings and imperfect in terms of the human body was tightly bound to biopolitics and oriented towards an increase in the birth rate and the creation of new citizens (Issoupova, 2000: 34-37). The Soviet state regarded biological processes as requiring supervision, control, and in

some cases interference (Issoupova, 2000; Chernyaeva, 2004; Gradskova, 2007). This position of the Soviet state stemmed from Russian infant mortality rates being the highest in Europe at the beginning of the 20th century (Gradskova, 2007: 85) and thus, arguably, endorsed the idea of nature as being perilous. During the Soviet period, the processes of pregnancy and labour, treated by the majority of the natural mothers I talked with as ‘natural’ and therefore considerably safe, were supposed to be supervised and regulated by the main experts on childcare at that time – medical staff – as early as possible, preferably from the time of conception (Chernyaeva, 2004; Gradskova, 2007: 102-103). The particulars of the perception of nature specific to the ‘natural’ mothers I interviewed and the Soviet state also entailed a different understanding of and approach to risk. The Soviet state followed the biosecurity paradigm and considered its citizens and their bodies as being in need of safeguarding against natural threats such as illnesses and physical disorders (Hausman, 2017). In the meantime, the Russian natural mothers I talked with adhered to somatic individualism, regarding bodies as flexible, agile and constantly trained systems that need an individualised approach and management (Hausman, 2017: 286). Seeing nature as perfect, they deemed human activity and artificial approaches and phenomena, particularly medical interference, as being sources of risk rather than biological processes.

The differences between natural-parenting knowledge and the Soviet knowledge of nature and risks contributed substantially to the formation of distinct mothering models. While Soviet mothering was characterised as medicalised, authoritarian, and socially integrated, natural parenting implies child-centred and emotionally intensive mothering (Rotkirch, 2000: 116-120). Soviet mothering imposed the maintenance of a high level of hygiene in the home and in regard to childcare (e.g. boiling and ironing clothes), following medical advice and recommendations on feeding, tending to and raising the child, and socialising the child through public childcare institutions such as nurseries and daycare centres. Conversely, natural parenting promotes in-home maternal care for children regulated and led by the needs of the particular child, and the minimisation of interference by official experts with regard to the child’s upbringing.

## **5.2 KINSHIP: NATURAL PARENTING VS EXTENDED MOTHERING**

The natural-parenting conceptualisation of nature as a wise force creating everything for a purpose produces the idea of any female body that has given birth to a child being able to care for that child in accordance with natural parenting recommendations. Meanwhile, the ability is understood as a capability of realising the potential of the body and using it according to its ‘natural’ reproductive purpose in the wide sense of reproduction, meaning not only conceiving and delivering children but also raising them and taking care

of them. For the natural mothers I talked with, these basic ideas of natural parenting – namely the reproductive purpose of the body and the female body being completely capable of being used as intended – form a general ‘theoretical’ framework into which they should fit their own particular bodies. However, the implementation of these ideas and transformation of them into actual practices requires additional information about practical arrangements and possible scenarios. Therefore, natural mothers often conduct an extensive search for information and turn to the bodily histories and experiences of their biological female kin such as mothers, grandmothers, and sisters.

The female kin histories were often at odds with the knowledge provided by natural parenting ideology. Many ‘natural’ mothers that I interviewed discovered that their elder female kin used to care for their children differently and often ‘failed’ to enforce ‘natural’ processes such as breastfeeding, for instance. In other words, the experiences and practices of Soviet women contradicted the worldview provided by natural parenting. This contradiction required an explanation or interpretation as the natural mothers ‘knew’ that Nature had conceived a particular form of female mothering which, in accordance with the ideology of natural parenting, was available to any woman.

The natural mothers provided two main explanations for someone’s non-adherence to natural parenting. The first concerned the woman’s incorrect or inadequate knowledge about childcare. The second entailed the woman’s unwillingness to implement natural parenting recommendations and practices. The idea that the reason might lie in the woman’s physical inability to perform particular practices was not considered since, as far as natural-parenting adherents are concerned, any female body is able to perform natural parenting as a specific form of childcare. The explanation concerning natural-parenting non-adherence as the result of a woman’s reluctance to care for children ‘naturally’ was usually applied to the peers of natural parents. My interviewees considered natural-parenting ideas to be widely and easily available to women of their generation. According to my interviewees, information on natural parenting as the ‘right’ model of maternal care for children was ‘in the air’. Therefore, those who did not follow natural parenting simply did not want to do so.

In the meantime, lack of or incorrect knowledge as a reason for maternal ‘wrong’-doing was usually ascribed to elder female kin who had been misled, according to the natural mothers, by the Soviet state. The natural mothers I interviewed saw the Soviet form of maternal care – which is characterised as medicalised, authoritarian, and socially integrated both at the level of practices and the level of public discourse – as imposed by the Soviet authorities. According to the natural mothers, the medicalisation of childcare and the extensive inclusion of caregivers other than the mother in this process, contradicted Nature’s Grand Design and resulted in child neglect or at least non-child-centred mothering.

The perception of Soviet mothering as non-child-centred, and even neglectful and therefore traumatising, leads to the transformation of kinship as a specific form of relatedness (Carsten, 2004; Strathern, 2005) in the families of natural-parenting followers. Seeing the mother as the primary caregiver ultimately responsible for the child's welfare, the natural mothers I talked with felt a need and a call of duty to safeguard their children against the potential damage caused by the 'unnatural' Soviet practices and ideas transmitted by the elder kinsfolk. The world views and knowledge about childcare internalised and reproduced by the natural parenting proponents conflicted with those of older generations of women in their families and duly encouraged the Russian natural mothers I interviewed to distance themselves from their normatively inclined kin.

While the creation of distance between natural mothers and their own mothers and mothers-in-law within the framework of childcare is intentional and caused by conflicting knowledge, natural mothers distancing themselves from their children's fathers often results from the practical arrangements of natural parenting. Natural parenting practices are interconnected and tightly bound to breastfeeding. Meanwhile, within the framework of natural parenting ideology, breastfeeding is considered to be crucially important for a child. This practice is also an important instrument and a unique way of 'doing kinship' and performing the child's belonging to a mother. It also provides a physically and emotionally pleasant experience for some natural mothers. Lastly, breastfeeding is usually deeply integrated into other practices of childcare, such as settling the baby or putting her to bed. Accordingly, the vast majority of my interviewees were reluctant to express their breastmilk in order to delegate or share feeding.

Breastfeeding essentialises childcare, making it the ultimate female task, and preventing it from being delegated or shared with other relatives, including fathers. While the exclusion of fathers from everyday childcare and their distancing from children (up to a certain age) by natural mothers is not novel, as fathers used to (self-)exclude themselves during Soviet times, the exclusion of grandmothers and the distancing from elder kinsfolk is a new practice. This practice's ground-breaking effect on the kinship system could be compared with the kinship transformations imposed by the Soviet state in the first half of the 20th century. Family transformations promoted during the Soviet period and supported and (partly) implemented by the state resulted in patrilocal and patriarchal families being turned into matrifocal ones, and in the practical and symbolic replacement of a woman's mother-in-law with her own mother (Olson & Adonyeva, 2016). At the same time, like the mother-in-law, the father was symbolically and to some extent practically replaced by the state, which established paternalist relations with its female citizens. In other words, the patriarchy as power manifested by elder men – the *bolshaks* (male heads of multigenerational families) – was replaced by the state patriarchy (Temkina & Rotkirch, 2002; Razhbaeva, 2004; Gradskova, 2007; Olson & Adonyeva, 2016). The state became the monopolist where decisions about

gender duties and citizens' rights were concerned. However, despite these transformations, older female kinsfolk remained involved in routine childcare as women's ability to fulfil the duties ascribed to them as female citizens was problematic without delegating or sharing childcare with other actors as public childcare services were insufficient (Temkina & Rotkirch, 2002; Semenova & Thompson, 2004).

The implementation of natural parenting continues the Soviet state practice of 'cutting off' kinsfolk from mother and child and leads to further family nuclearisation by distancing grandmothers. It also changes what Strathern (2005: 7) calls the conceptual dimension of grandparent/grandchild relations – the form and 'content' of grandparent-grandchild relatedness and their mutual obligations. Natural parenting transforms grandmothers in particular and grandparents in general from those actively involved in childcare on multiple levels into those building an affective connection with their (grand)children without intensive participation in everyday care practices. In contrast to extended mothering, natural parenting does not leave open the possibility that anyone other than the mother could even temporarily perform mothering, at least until breastfeeding has ceased. In this vein, natural parenting ruptures the sharing of bodies by grandparents and grandchildren, as well as the straightforward transmission of knowledge from grandparents to grandchildren, making it possible only as mediated by mothers instead. Consequently, it facilitates the appropriation of childcare and mothering by the natural mothers. Even though the word 'appropriation' usually carries negative connotations, I follow Glen Stamp here (1994: 109) and use it with the meaning of 'to make one's own'.

Appropriation of mothering implies that the natural mother becomes the ultimate gatekeeper of care for her children and the children's relations with their kinsfolk, public and private institutions, and society in general. The natural mother determines and sets the roles and responsibilities of people related to her child, which does not, however, mean that these people necessarily comply with the ascribed roles as the conflicts between the natural mothers and their partners or elder kinsfolk show. The natural mother does not adjust to the views and childcare practices of her kinsfolk but decides for herself about the character and scale of relatives' engagement in the everyday care and decision-making related to her children.

### **5.3 WHAT DOES THE PERFORMANCE OF NATURAL PARENTING ACTUALLY REQUIRE?**

The distancing from the extended family and the resulting appropriation of mothering becomes possible for the natural mothers not only because of the 'new' knowledge promoted by natural parenting. The structural conditions and personal and family resources are also essential for these processes as well as for the implementation of natural parenting in general. This becomes

apparent within the framework of contrasting the contexts of Soviet mothering and natural-parenting performance.

The Soviet state required women to participate in working life as well as to take primary care of the family and children (Rabzhaeva, 2004; Gradskova, 2007; Rotkirch, 2000). The reconciliation of full-time employment with family duties called for delegating or sharing childcare with other available actors, namely institutions and relatives (Temkina, Rotkirch, 2002; Semenova, Thompson, 2004). Due to the enormous gender imbalance in the population caused by the high mortality rates among men, the relatives involved in caring for children were often grandmothers and other women (Gradskova, 2007: 242; Chernova, 2013: 129; Razhbaeva, 2004: 174). In the meantime, the shortage of accommodation resulted in Soviet families living in extended households, which meant that several generations of one family resided in the same premises and ran the home jointly (Semenova & Thompson, 2004). Communal living with older kinsfolk strengthened the practice of extended mothering.

In contrast to the Soviet period, the contemporary Russian context is characterised by a variety of legitimate gender contracts. Participation in the labour market is no longer a woman's civil duty, while mothering is still proclaimed as an ultimate value by the official Russian state discourse (Muravyeva, 2014, 2018; Chernova, 2017). At the same time, the Russian state, with its aim to increase birth rates, is unable or unwilling to sufficiently support existing families with children, and mainly implements those social policy measures that cover the period from conception to the child's early infancy. Under these conditions, women's participation in the labour market as well as living in extended households is often a result of low family income and the need to balance the family's costs and revenues accordingly (Savinskaya, 2013; Prokofyeva, 2013). For instance, even though Russian women are entitled to take maternity leave until the child is three, doing so is often economically challenging for the family if the woman's partner does not earn enough and if other sources of economic support, such as kinship, are not available for some reason. The prenatal allowance paid to a woman 70 days before she gives birth and 70 days after is equal to the average amount of her earnings (Labour Code, Art. 255). The parental or childcare leave (maternity leave in the case of women) allowance paid to a parent until the child turns one and a half is 40% of the parent's salary, but in 2018 this sum could not exceed 24,536 roubles (approximately 314 euros) – the maximum rate set by the Russian authorities. Parental leave taken when the child is between the age of one and a half and three years of age is unpaid, although the mother's job is secured during this interval.

In these settings, the parental care of children becomes dependent upon the performance of the parents or caregivers and the resources available to them. In regard to distancing the extended family from childcare, it means that more nuclearised parenting is available to those who can afford it by living independently from the rest of the family of origin, and by arranging childcare

without involving other kinsfolk. Both of these aspects require significant economic resources.

Possessing sufficient economic resources not only allowed the natural mothers I interviewed to limit the participation of other actors in the process of childcare, but also facilitated the implementation of many natural-parenting practices. Leaving aside the matter of the conspicuous consumption connected to the use of slings, it is important to contemplate the financial issue in regard to healthcare. While there are various healthcare options potentially available to Russians within the contemporary structural conditions, the most accessible ones are provided by the official medical system in public medical institutions through the Compulsory Medical Insurance programme. This programme covers all Russian citizens and secures the provision of various forms of urgent and prophylactic, out-patient and in-patient healthcare free of charge (Federal Law N 323-FZ, 2011). Yet the majority of services provided by the official medical system were seen by the natural mothers I talked with as unnatural and therefore undesirable. Relatedly, alternative medical treatment is not covered by the Compulsory Medical Insurance and is expensive when provided in private settings. In approximate terms, the price of one session with an osteopath or homeopath would amount to about 5% of the average monthly Russian salary. So, a course of treatment by an alternative medical specialist requiring several sessions is a potential financial burden for many families. Very few families of natural-parenting followers could afford such an expense. Therefore, many of my interviewees 'chose' to go in for less 'natural' treatment in the form of conventional medicine.

The importance of economic resources for the provision of 'naturalness' is also apparent when it comes to pregnancy and giving birth. Currently, the state medical institutions continue to dominate within the framework of Russian obstetrics as they did during the Soviet period (Novkunskeya, 2014: 356). However, in contrast to Soviet times, contemporary Russian obstetrics is no longer so heavily and exclusively regulated by the state through vertical hierarchical control, but it is regulated to some extent by the professional community of medical staff and by patients (*ibid.*: 355). On the one hand, the state financing of public maternity units (and public medical institutions in general) still depends on their compliance with the requirements of the Ministry of Health, while the activity of these institutions is governed by ministerial rules and orders (*ibid.*). On the other hand, the necessity to attract more 'clients' in the form of patients and to compete for them, established in 2005 by the Ministry of Health, has made maternity units at least minimally observant of recent trends and the needs of patients (Zdravomyslova & Temkina, 2009; Novkunskeya, 2014). According to Ministerial Order N701 of 28 November 2005, every woman has the right to attend the maternity unit of her choice (previously a woman could apply to the maternity unit in the catchment area in which she was residing); the woman then uses the maternal certificate she receives during the 31st week of pregnancy at her chosen maternity unit and consultation clinic, and the certificate duly secures fixed



payments from the state budget for the medical services accordingly (Zdravomyslova, Temkina, 2009: 186). If the woman changes the clinic due to dissatisfaction with the quality of the services, the clinic does not get paid (ibid.).

Natural mothers are oriented towards as 'natural' a birth as possible, and usually decide either to contact the most natural-parenting-friendly maternity unit or to give birth at home with the assistance of a midwife. In St. Petersburg and Moscow, giving birth in a natural-parenting-friendly maternity unit is often fee-based. Residing in the catchment area of such a maternity unit or establishing contact with the medical staff in the preferred institution could help to avoid these expenses. In these cases, economic resources can obviously be substituted either by social contacts or location, which, in turn, depends on the financial situation of the family. The cost of a home birth assisted by a midwife is far from cheap in St. Petersburg and Moscow. In some cases, the costs of domiciliary obstetrics problematise and even prevent assisted home birth for low-income families and women.

The choice of the most 'natural' way of giving birth also indicates the part played by elements other than economic resources, namely social and cultural capital. In order to decide whether to give birth 'naturally' or at home, in accordance with the natural-parenting idea of a proper natural birth, a woman should be aware of what both a home birth and a natural birth entails. Since the contemporary Russian medical system neither provides domiciliary obstetrics services nor informs women about the option of giving birth outside of a medical institution, the decision to give birth at home requires some awareness of this option. The major sources of information on natural birth in particular and on natural parenting in general in all three cities are social networks and the internet. The first brief acquaintance with the idea of home birthing led the natural mothers I interviewed to conduct a thorough search for more information about this practice. Indeed, this marked the moment when social and cultural capital became important. Cultural capital, signifying education and intellectual skills (Bourdieu, 1985), is a significant asset within the framework of searching for information online, which requires analytical and technical skills, while social capital is imperative when it comes to searching for 'appropriately' informed acquaintances via social networks. Yet acquiring information about natural birth by themselves had its limitations for the vast majority of my interviewees, who often sought assistance from a medical worker as well.

There are several options available in big cities such as St. Petersburg and Moscow. The first of these is to give birth in a public maternity unit free of charge; in this case the birth might be 'natural' but there is no guarantee of this. The second option is to give birth in a public or private maternity unit on a paid basis – either by paying oneself (officially or as a bribe) or through private medical insurance. The paid basis is considered by many Russian women as providing more customised and personalised services (Zdravomyslova & Temkina, 2009). For natural mothers, it means a less

medicalised and more naturally oriented labour since the mother as a client is able to choose. The final option is a home birth assisted by a midwife. So natural-parenting followers residing in St. Petersburg and Moscow could potentially 'regulate' the scale of the naturalness or medicalisation of their labour by choosing various options. At least, they arguably had some wiggle room. For instance, if they failed to find a midwife for the most 'natural' option, a home birth, they could turn to the private prenatal and labour care provided by officially certified public and private medical institutions. In other words, in the event of a social capital deficiency, the problem could be resolved with economic resources.

In the meantime, in contrast to St. Petersburg and Moscow, the case of Vologda shows how social capital could be more important for the implementation of natural-parenting practices than economic considerations. There are currently only three maternity hospitals in Vologda, all of which are public. As a rule, only two of them are operational at the same time. None of them has provided private services until recently. Since these services have not been available, social capital has assumed greater significance. In order to secure a 'natural' birth under these circumstances, a woman has needed to establish a connection with either the maternity hospital staff or a midwife assisting home births. Both options require the respective networking and/or status rather than finances.

Social and cultural capital would also appear to be important for other natural-parenting practices such as breastfeeding and baby-wearing, which also demand the respective knowledge and contacts. Although the ideology of natural parenting argues that its practices are available to any woman and do not require any special skills or expertise, the natural mothers' experience contradicts this statement. The implementation of natural parenting does require special skills, which could be acquired either through imitation or education. The former implies observing practices being performed by other individuals. Yet this was hardly available for the majority of my interviewees since natural parenting is a non-conventional mothering model and is not widespread as a result. Moreover, most of these practices were not performed by their elder female kinsfolk. For instance, the older generations of women in the families of natural mothers usually breastfed for shorter periods of time (if at all) and did not practise baby-wearing. Therefore, in order to acquire the requisite skills for natural parenting, the natural mothers I talked with turned to education: they read the relevant books and articles, watched videos online, and discussed their issues in forums. However, education was no guarantee that they would be able to establish and implement natural-parenting practices. Incidents of maternal 'failure' – the inability to perform the desired practice even after learning about it – reveal the important role played by social capital. It provides natural mothers with contact and connections with experts acknowledged by the natural-parenting community, such as breastfeeding and sling counsellors, or with other more skilled and

experienced natural-parenting mothers. Both could help mothers to acquire the necessary skills through advice, consultation or even physical assistance.

## **5.4 LOCALISING NATURAL PARENTING**

Within the framework of the contemporary Russian context, the implementation of natural parenting becomes a choice which, although informed by the dominant discourse of the ultimacy of a child's well-being, is only available to those who possess a sufficient amount of social and cultural capital or economic resources. Arguably, all three types of capital could be converted into one another: for instance, the money needed for the specific knowledge acquisition could be covered by the wide social networks providing the required information free of charge. Nevertheless, the financial situation of a natural mother's family is of primary significance since it influences the way in which mothering is combined with participation in the labour market. The implementation of natural parenting requires a flexible working schedule, which is often typical of low-paid and precarious jobs or implies lower payments to an employee. Rarely is it characteristic of well-paid professions demanding unique skills and/or expertise. Hence, the majority of natural mothers either postpone returning to work or turn to precarious work. Both options were often chosen by those natural mothers interviewed for this study whose family income did not significantly decrease after leaving a job either temporarily or permanently.

The choices and strategies adopted by the natural mothers in this study are, arguably, not that easily available to many Russian mothers, who face the necessity of combining participation in working life with parenting, availing themselves of the state-provided social services since they are free of charge, and sharing childcare with various social institutions such as daycares, nannies, and kinsfolk. Although natural-parenting proponents advocate the approach as an ultimate and easy way of securing a child's well-being, natural parenting is difficult to access and implement. This limited availability, combined with the highly intensive childcare it prescribes, prevents this particular mothering model from becoming a conventional form of maternal care in Russia. Another obstacle to the mass promotion of natural parenting is its inconsistency in relation to the lived experience of actual mothers. According to natural-parenting thinking, a mother's inability to perform its key practices is a result of her reluctance to implement these practices or her wrong-doing. This idea makes mothering an emotionally and ideologically charged issue and causes a mother to blame herself if she cannot fulfil such requirements. Finally, natural parenting challenges the conventional structures of care relations in Russia. The implementation of natural parenting results in mother-child distancing from elder female kinsfolk that have historically been the major source of support for mothers. The refusal to share duties and responsibility for childcare with relatives under conditions of

insufficient state participation in childrearing challenges the basic social norm.

Despite the challenges associated with natural parenting, this model provides its proponents with certain benefits. For example, it allows some mothers to optimise the physical, mental, and emotional work they perform within the framework of childcare and thus in caring for themselves. Natural parenting also puts women in the position of knowledgeable caregivers, whose expertise potentially exceeds the knowledge of official childcare specialists such as local doctors, teachers and elder kinsfolk. In this sense, it transforms the mother's position. The 'natural' mother is no longer the one who, in the eyes of the state and society, is *a priori* responsible for children but who should still comply with official experts on childcare and more experienced elder kinsfolk. Instead, she is an independent and authoritative actor with full responsibility and expertise. Being in this new position, natural mothers feel entitled to question the conventional norms and practices and rely on their own experience and the experience of their referent group. Finally, natural parenting brings some mothers joy, which is temporary and therefore opposed to the contemporary imperative of constant happiness (Seagal, 2017). Maternal care acquires meaning not only for the long run but in the here and now, at the precise moment of breastfeeding or baby-wearing.

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